A Strategic Plan for 2007-2011

Department of Social and Health Services

Washington State
Department of Social & Health Services

Robin Arnold-Williams
Secretary
June 1, 2006

A Letter from the Secretary

Robin Arnold-Williams
Secretary

This strategic planning discussion actually started in June 2005 with our Executive Leadership Team, soon after I joined the Department of Social and Health Services. We took the opportunity to think about how we should advance our social services in this changing environment and make Washington State a better place for people to live.

It is important for us to scan the horizon of new demands of our customers, and identify how our service delivery systems should respond to these new trends.

It is our job to guide our programs, stakeholders, and services partners through new options that can address emerging conditions. The challenge for us is to be flexible and responsive to the changing environment in which we operate.

We don't always get the resources that we need to accomplish everything identified in the strategic plan. Regardless, we need to continue our efforts to be the strong steward of the public dollars, be accountable for our performance, and offer our leadership in building public trust.

To be effective in what we want to accomplish, we need to do a better job in preventing and managing potential risks that could affect our clients, our staff, or the public. This is why we are taking steps to strengthen our risk management practices in the department.

In addition, we are also using more evidence-based practices to improve the outcomes of our services and treatments. It is critical for us to identify and implement best practices so we can achieve better outcomes.

Most importantly, we need to create the capacity and partnerships that can help us reach our goals. The Government Management Accountability and Performance (GMAP) process initiated by Governor Gregoire has helped us see the gaps and get the results.

I want to thank my Executive Leadership Team and their staff members for developing this plan. I hope this document can help us communicate our goals with our staff, stakeholders and service partners as we move forward.

Robin Arnold-Williams

Secretary

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Purpose of This Document
This strategic plan communicates how we will advance our mission and goals in a changing environment and meet our future challenges, so that we can better serve the most vulnerable populations in Washington State. This document is a road map that guides the business policies and improvement strategies for our organization, employees and partners.

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Executive Summary

As the largest state agency – that serves one out of every four Washington residents, the Department of Social and Health Services (DSHS) is experiencing higher demands and more rapid changes.

The number of clients we served has increased from 1,427,086 in Fiscal Year 2002, to 1,535,199 in Fiscal Year 2004 (7.6% increase). As described in Chapter 3, we expect the growth of our client populations to continue.

New conditions in our society, economy, and families challenge us to explore new options about how we can best serve the people in Washington State. Given the inflationary factor of the costs of services and the federal government's reduction in funding participation, we have to rethink how we deliver our services and be more effective in achieving outcomes.

During this strategic planning cycle, the Executive Leadership Team identified ten strategic goals. These goals support five result areas in the Priorities of Government (POG) framework.

Priorities of Government	DSHS Goals
Health Care	A. Improve health care quality and access
	B. Improve treatment for mental illness and chemical dependency
Vulnerable Children and Adults	C. Improve children's safety and well-being
	D. Improve long term care
Economic Vitality	E. Increase employment and self-sufficiency
Safety	F. Use effective treatment to enhance outcomes
Government Efficiency	G. Reinforce strong management to increase public trust
	H. Strengthen data-driven decision making
	I. Value and develop employees
	J. Improve internal and external partnerships

DSHS values customer service and strives for high standards of personal responsibility. Every other year we ask for our clients' feedback through the DSHS Client Survey. The 2005 survey results supported and encouraged the following themes in this strategic plan:

- We need to involve our clients in making choices and planning their services.
- We need to improve clients' access to our services and information.
- We need to better coordinate services provided by different programs and partners.
- We need to improve internal capacity so our clients can receive response more quickly.

Chapter 1 ● Our Guiding Directions

MISSION

The mission of the Department of Social and Health Services (DSHS) is to improve the quality of life for individuals and families in need. We will help people achieve safe, self-sufficient, healthy and secure lives.

VISION

Our vision is **a healthy**, **safe and productive Washington**.

The people we serve are members of families, students in schools, and residents in communities. In most cases, they are more strongly connected to those institutions than they are to DSHS programs.

Therefore, to achieve our mission and vision, we are committed to providing our clients with coordinated services through partnerships with communities, tribes, counties, service providers, schools, the criminal justice system, and other agencies within private and public sectors.

GUIDING PRINCIPLES

Below are the guiding principles that direct the department in how we operate and conduct our business.

- Customer focus
- Service coordination
- Responsiveness to diversity
- Strategic thinking
- Collaborative leadership
- Community partnerships
- Accountable performance
- Organization development
- Employee participation
- Result oriented data-based decisions
- Continuous improvement

PRIORITIES OF GOVERNMENT (POG)

The state-wide POG result teams, coordinated by the Office of Financial Management, continue to refine state-wide strategies to achieve eleven result areas. DSHS actively takes part in the work of three result areas and has been reporting our performance measures at the Governor's Government Management Accountability and Performance (GMAP) forums since June 2005.

The following are these three result areas:

- Improve the Health of Washington Residents – by providing medical assistance, mental health care, and chemical dependency treatments to those needing help

- Improve the Security of Washington's Vulnerable Children and Adults – by providing services to keep them safe, healthy, and productive

- Improve the Safety of People and Property – by effectively managing and treating juvenile offenders and sex offenders

In addition, DSHS also contributes to the success of the following three POG result areas:

- Improve Student Achievement in Elementary, Middle and High Schools – by providing children and youth under our care with safe learning environment

- Improve the Economic Vitality of Businesses and Individuals – by assisting people in achieving independence and self-sufficiency

- Improve the Ability of State Government to Achieve Results Efficiently and Effectively – by continuous improvements in managing human resources, information technology, purchasing activities, and various risks

STATUTORY AUTHORITY

RCW (Revised Code of Washington) 43.20A.010 defines the purpose of the department as follows.

> The department of social and health services is designed to integrate and coordinate all those activities involving provision of care for individuals who, as a result of their economic, social or health condition, require financial assistance, institutional care, rehabilitation or other social and health services. In order to provide for maximum efficiency of operation consistent with meeting the needs of those served or affected, the department will encompass substantially all of the powers, duties and functions vested by law on June 30, 1970, in the department of public assistance, the department of institutions, the veterans' rehabilitation council and the division of vocational rehabilitation of the coordinating council on occupational education. The department will concern itself with changing social needs, and will expedite the development and implementation of programs designed to achieve its goals. In furtherance of this policy, it is the legislative intent to set forth only the broad outline of the structure of the department, leaving specific details of its internal organization and management to those charged with its administration.

Many federal laws and state laws authorized DSHS programs and services. See Appendix 1 for detail information on each program's statutory authority.

Chapter 2 ● The People We Serve

INTRODUCTION

DSHS helps people in need by providing them with food, shelter, protection, medical care, treatment and other social services. Between July 2003 and June 2004, we served more than 1.5 million people – 25% of all residents in Washington State.

DSHS administers a wide array of human service programs, including Temporary Assistance for Needy Families, Medicaid, and Child Welfare programs.

Individuals and families can apply for DSHS services through the local Community Services Offices. Many of these offices house multiple DSHS programs. This encourages the coordination of services among programs for clients with multiple needs. In addition, people can apply for Long-Term Care services in Home and Community Services Offices.

The department also manages institutions such as residential habilitation centers, state mental health hospitals, and correctional facilities for juvenile offenders and sex offenders. In addition, DSHS protects vulnerable individuals by licensing and monitoring care providers, and conducting inspections and investigations.

Nearly 80% of the department budget goes to contracted service providers and reimbursing foster parents. Contracted providers include local hospitals, nursing homes, non-profit and for-profit agencies, group homes, boarding homes, and individual care givers. Various programs also provide funding to tribal, county, and city governments for their human services.

State Residents Receiving DSHS Services between June 2003 and July 2004

DSHS Services by Major Program	ALL AGES			
	Clients		Expenditures	
	Number Served	Use Rate*	Total Spent ($)	Per Client ($)
Aging and Adult Services	60,758	1.0%	954,754,765	15,714
Alcohol and Substance Abuse	57,538	0.9%	83,784,154	1,456
Children's Services	196,463	3.2%	312,233,105	1,589
Developmental Disabilities Services	34,798	0.6%	601,644,512	17,290
Economic Services	942,157	15.3%	1,172,646,434	1,245
Juvenile Rehabilitation	4,172	0.1%	68,685,029	16,463
Medical Assistance	1,252,007	20.3%	2,743,387,225	2,191
Mental Health Services	118,801	1.9%	503,407,322	4,237
Vocational Rehabilitation	29,659	0.5%	43,815,705	1,477
DSHS Agency Total	**1,535,199**	**24.9%**	**6,484,358,251**	**4,224**
Total Population	*6,167,800*	--	--	--

* Use Rate: The percent of total population receiving services (clients over total population).
Sources: Client and fiscal data – DSHS Research and Data Analysis, Client Services Database, analytical extract of 1/5/2006. Population data – 2004 estimates by the Office of Financial Management.

DESCRIPTION OF SERVICES

Improve the Health of Washington Residents

DSHS purchases medical services for over one million children, adults and elders mainly through Washington's Medicaid program – health-care coverage that is financed by a combination of state and federal funding. Summarized below are highlights of services.

- **Medical assistance** programs reimburse community health-care providers and hospitals for their treatment of qualified low-income families, seniors, pregnant women and children as well as special populations: refugees, alien emergency care, the homeless, and persons with disabilities. DSHS also determines disability status for the state and the federal Social Security Administration.

- **Healthy Options** is a managed care form of Medicaid covering families that qualify for welfare under Temporary Assistance for Needy Families (TANF) – a client base with high numbers of infants, children and pregnant women. The State Children's Health Insurance Program and Basic Health Plus also provide health care coverage for children in families of the working poor.

- Washington State hospitals receive **Medicaid funding** to help offset the cost of the uncompensated care they provide to low-income individuals. Medicaid also funds programs to support Outreach and Linkage activities at public schools, health departments and Indian tribes. Other Medicaid access programs include transportation and interpreter services.

- **Alcohol and substance abuse treatment and prevention** services improve the health of Washington's low-income residents at risk of chemical dependency. The expansion of these services can reduce utilization of emergency room, medical care, medical and psychiatric hospitalization, nursing home care, and overall medical costs.

- **Mental health services** are provided to individuals with acute and chronic mental illness and to children with serious emotional disturbance, in community settings and in state owned and operated hospitals. Under a managed care model, we contract with the Regional Support Networks to provide treatment, support, employment, and residential services to persons meeting statutorily defined categories.

Improve Safety and Well-being of Children

DSHS provides services to vulnerable children, youth and their families. Among the 200,000 individuals we served in FY2005, over 19,000 children were in the state's care through out-of-home placements. The following represents key services for children.

- **Child Protective Services** provides 24-hour, 7-day a week intake, screening and investigative services for reports of suspected child abuse and neglect. Courts, law enforcement, and communities are critical members of the child protective system.

- **Child Welfare Services** provides permanency planning and intensive treatment services to children and families when long-term services are needed beyond those available through Child Protective Services or Family Reconciliation Services. Both in-home and out-of-home services may be provided to address abuse and neglect issues.

- **Family Reconciliation Services** are voluntary services devoted to prevent out-of-home placement of adolescents.

- **Other services** are also available to **strengthen families** that are in crisis and to promote children's safety, permanency and well-being. Many services for children and families are provided by community agencies.

- **Adoption Services** recruits and screens families interested in adopting children who are in the care and custody of the department. The focus is on placing special needs children in foster care into adoptive homes. **Adoption Support** helps families offset the additional expenses involved in caring for these children.

- **Foster Care Licensing** licenses, supports, and monitors family foster homes, residential group care facilities, crisis residential services, overnight shelters, residential teen parenting programs, adoption agencies, and child placing agencies.

- **The Infant Toddler Early Intervention Program** coordinates services to enhance the development of approximately 6,500 (per year) eligible children age birth-to-three and to enhance the capacity of families to meet the special needs of their children.

- **Health insurance**, **subsidized child care** and **mental health** services are available for children in low-income families.

- **Evidence based treatment and intervention services** are provided to juvenile offenders to reduce re-offending and address treatment needs for mental health, substance abuse, sexual offending and cognitive impairments.

Improve Health and Safety of Vulnerable People

DSHS brings together the major long-term care and supportive service programs designed for children, adults and seniors with physical disabilities, developmental delays or disabilities, cognitive impairment, chronic illness and related functional disabilities.

- **Long-Term Care services** help formal and informal caregivers to meet the client's needs including supervision, assistance with daily activities, personal care, nursing, or other supportive services. These services are available in the client's own home, community residential settings such as adult family homes and boarding homes, or institutional settings such as nursing homes or Residential Habilitation Centers.

- **Adult Protective Services** investigates complaints of abuse or neglect of vulnerable adults in their own home.

- **Residential Care Services** licenses and/or certifies adult family homes, boarding homes, and nursing homes statewide, and investigate complaints in the settings. Other **Community residential options** include supported living for persons with developmental disabilities.

- **Information and Assistance Program** services, through contracts with Area Agencies on Aging, provide information to individuals and families who need to learn about long-term care options and resources. **Case Management** services ensure client care is appropriate, of good quality and cost-effective.

- **Employment and Day Program** services, through contracts with county governments and their service providers, provide ongoing support for persons with developmental disabilities to find and maintain paid jobs.

- **Services for the deaf**, **hard of hearing**, **and deaf-blind communities** include provision of telecommunication relay services, distributions of specialized telecommunication equipment, DSHS reasonable accommodations including sign language interpreters, and provision of human services through five Regional Service Centers.

Improve Self Sufficiency to Reduce Poverty

In FY 2004, more than 942,000 (15.3%) of Washington State residents received DSHS' assistance that helped them meet their basic needs and achieve economic independence. Described below are some of these core services.

- DSHS provides low-income people with cash grants, food and medical assistance, employment services, and subsidized child care. Major programs include **WorkFirst** (TANF program), **Basic Food** (formerly Food Stamp Program), **General Assistance for the Unemployable**, **Refugee Assistance**, and **Working Connections Child Care**.

- To protect children from unsafe child care, DSHS enforces **child care licensing and regulation** by requiring child care providers to meet health and safety standards. In July 2006, the Department of Early Learning (DEL), a new agency created by 2006 Washington State legislation, will take over functions of child care policy, licensing, monitoring, and inspection. DSHS and DEL will work closely to ensure successful transition of these functions.

- **Child support enforcement** services ensure non-custodial parents meet their financial and medical responsibilities to their children. In FY 2004, DSHS collected over $634 million for more than 400,000 children.

- **Vocational Rehabilitation Services** are provided to eligible people with disabilities to obtain, regain, or retain integrated, competitive employment in order to improve self-sufficiency and reduce dependence on public support.

Foster Public Safety through Rehabilitation Services

DSHS provides the following rehabilitation services in a secure environment as a protection for staff, residents and the public.

- About 1,200 youth are committed annually to our **juvenile rehabilitation** program by county juvenile courts. Evidence-based interventions are the foundation for **Secure Residential Care**, **Community Based Residential Care** and **Functional Family Parole Aftercare** programs. Services for these youth are provided within the context of **Integrated Treatment Model**. Youth in residential care learn cognitive behavioral skills to manage their own behavior and reduce their risk to re-offend. As youth return home, the focus shifts to improving the functioning of the family.

- Thousands of offenders in community-based settings receive **Chemical dependency treatment** in lieu of incarceration. In Fiscal Year 2005, 29,105 adults and 5,639 adolescents ages 12-17 received treatment with DSHS-funded support. During the 2003-2005 Biennium, approximately 152,642 individuals participated in our prevention programs.

- Those civilly committed individuals who were found not guilty by reason of insanity can access our **mental health services**. Services include evaluations, care, and restoration of competency to stand trial.

- A **sex offender treatment program** is for civilly committed sex offenders who have completed their prison terms. This program offers the offenders an opportunity to change and manage their behaviors so they can return to their families and community without re-offending.

Chapter 3 ● Appraisal of External Environment

POTENTIAL CHANGES IN ECONOMY THAT CAN AFFECT CLIENTS' NEEDS

More Demand for Public Health Care Assistance

Inflationary pressure has forced employers to reduce health care coverage for employees. The cost to the health care industry cannot sustain the growing number of uninsured individuals.

Without fundamental changes in the health care delivery and payment systems, Medicaid and state-funded medical, mental health and substance abuse prevention and treatment programs will continue to see growth in costs and caseloads. The largest segment of the Medicaid population, children, may grow by 6.6% per year in FY2005-2007, 3% in FY2007-2009, and 2% in FY2009-2011.

Children Have Higher Risks in Unemployed Families

Parental unemployment has been linked to increases in child abuse and neglect. According to a policy brief issued in July 2005 by the Human Services Policy Center at the Evans School of Public Affairs, University of Washington, one in ten Washington children experience multiple risks that threaten their well-being.

In 2003, 35% of children in Washington lived in homes where no adult had year-round, full-time employment. The expected employment growth in 2006 (2.1%) and 2007 (1.8%) should have a positive impact to children's safety and well-being.

More People in Need of Food and General Assistance

Even with an economy on the rise, many low-income families still need basic supports such as food and general assistance. Washington's Basic Food caseload increased almost 74% between 2001 and 2005. However, 45% of those who may be eligible do not receive benefits. We continue to expand our outreach efforts to help these families.

The State's General Assistance caseload has increased 43% since 2001. This growth may be attributed to a combination of factors. These factors include economic conditions, high unemployment, population growth and aging, increased homelessness, cuts in other services, and restrictions on federal aid for some legal immigrant populations.

TRENDS IN DEMOGRAPHIC AND CUSTOMER CHARACTERISTICS

Aging Population Requires More Long-Term Care Services

In general, the "Baby Boomer" generation is not only experiencing the impact of parent care responsibilities but also beginning to look for ways to meet their own long-term care

needs. The Office of Financial Management forecasts rapid growth in population aged 65 and older:

- Year 2004: 696,555
- Year 2010: 812,200
- Year 2020: 1.2 Million
- Year 2030: 1.6 Million

A growing number of individuals needing long-term care come from correctional facilities, the Special Commitment Center, or other parts of the judicial system. We need to provide specialized services to these individuals for their needs and civil rights while also protecting the communities and others who live with them.

WorkFirst Child-Only Cases Continue to Grow

In Washington State's WorkFirst program, child-only cases rose from 18.5% of the 15,540 total cases in FY1998 to about 39% of the 21,100 total cases in FY2005.

Among the majority (91%) of these child-only cases, 45% have a relative or kinship caregiver, 23% have a disabled parent who is receiving federal disability benefits, and 23% have an undocumented immigrant parent who is not eligible for assistance.

Changing Demographics of Immigrant Population

Increasing numbers of refugees and immigrants are arriving from East Africa, Eastern Europe, and Russia. Over 40% of the people receiving Refugee Cash Assistance in FY2005 came from East Africa, 28% from Eastern Europe, and 13% from Russia.

Many of these immigrants have low levels of education and English proficiency, which presents significant barriers to self-sufficiency. The statutory requirement of providing translations in seven primary languages (currently Chinese, Vietnamese, Laotian, Cambodian, Spanish, Korean, and Russian) no longer reflects the major demographics of the new immigrants.

Increased Acuity and Complexity of Service Needs of Juvenile Offenders

The county juvenile courts commit the most serious offenders in Washington to the Juvenile Rehabilitation Administration. About 70% of youth have received services from one or more other DSHS programs. Over 60% of youth have two or more acute disorders.

Acute Disorder	Youth Under Parole Supervision	Youth Under Residential Care
Chemical Dependency	60%	66%
Mental Health	53%	62%
Cognitive Impairment	39%	37%
Sexual Offending	39%	21%
Medical Fragility	1%	1%

In the last six years, the percent of youth identified as Mental Health Target Population increased from 40% to 62%. In addition to having mental health disorders, 90% of them have one, two or three additional service needs related to other acute disorders.

New Service Delivery Options to Help Vocational Rehabilitation Clients

In recent years, more vocational rehabilitation clients have mental illness as a primary or secondary disability. In addition, the overall population in Washington is aging and there are more individuals living in poverty. DVR has been less successful helping these clients with these issues achieve employment outcomes. Partnerships with other organizations become even more important now in order to expand new service delivery options.

ACTIVITIES LINK TO MAJOR PARTNERS

Partnerships for Evidence-Based Practices

DSHS works closely with the Health Care Authority and the Department of Labor and Industry to develop evidence-based health care practices. To enhance the adolescent substance abuse treatment system, we also work with a full range of state and local agencies, treatment providers, and youth advocates to foster cross-system planning, needs assessment, and integrated training regarding evidence-based practices.

A Broad Statewide Coalition to Strengthen Child Welfare System

Catalyst for Kids, the next evolution of the Families for Kids Partnership, retains an emphasis on permanence for children in the foster care system. It also broadens its focus to include the safety and well-being of children in the system. Participants include a broad range of stakeholders, including judges, legislators, tribal representatives, and advocates.

Integration Models to Enhance Children and Families' Outcomes

The Families and Communities Together projects in Spokane and Whatcom Counties have shown the positive effect of a comprehensive community network and seamless system of supports and resources for needy families and children. However, expansion and replication of these models will require allocated resources.

Meeting Children and Youth's Mental Health Needs

The Children's Mental Health Initiative, sponsored by the Children's Administration, Juvenile Rehabilitation Administration and Mental Health Division, is using a new approach to coordinate, manage, and finance care for children and youth with complex mental health needs. This model connects families and stakeholders through ongoing planning.

Helping People with Disabilities Find Jobs

DSHS works with a variety of partners to increase employment opportunities for individuals with disabilities. These partners include WorkSource Centers, State Rehabilitation Council, State Independent Coordinating Council, Centers for Independent Living, public colleges, Office of Superintendent of Public Instruction, and local providers.

These partnerships are critical in planning, policy making, developing new strategies, increasing capacity in underserved areas, creating new service delivery options, and maximizing the use of available resources.

Expedited Medical Benefits for Persons with Mental Illness Released from Confinement

In collaboration with county jails, law enforcement, the Department of Corrections, Regional Support Networks, and the Social Security Administration, DSHS began expedited medical eligibility determinations in January 2006 in areas of the state with large prison and jail populations. Research indicates that 15% to 20% of individuals being released from a correctional facility have a serious mental disorder that requires medications and medical treatment.

Contracts and Cooperative Agreements with Tribes for WorkFirst Services

DSHS and three other state agencies entered into agreements with a diverse base of contractors, including community-based organizations, local governments, and Tribes, for the delivery of WorkFirst services. The Upper Skagit Tribe and Lummi Nation Tribe are currently contracting with DSHS under the collaborative process.

The three other state agencies are the Employment Security Department, Department of Community, Trade and Economic Development, and State Board for Community and Technical Colleges.

Service Partners Provide Care and Therapy to Youth in Parole

The Juvenile Rehabilitation Administration works with Regional Support Networks to ensure continuity of mental health care for youth transitioning from juvenile residential care to parole aftercare. For youth with chemical dependency issues, the Division of Alcohol and Substance Abuse works to connect them with community-based chemical dependency treatment.

The University of Washington also trains providers to deliver multi-systemic therapy, motivational enhancement therapy and dialectical behavior therapy to youth and families. The therapy starts two months before youth leave residential care and continues for four to six months in the community.

STAKEHOLDER INPUT

Demanding Health Care Access and Additional Providers

A health care stakeholder survey in December 2005 revealed substantial concern about access to health care. The respondents expressed interest in prevention programs, incentives to encourage healthy behaviors, and evidence-based practices.

Many respondents also agreed that the best way to expand partnerships with health care providers would be to let them participate in decision-making. All categories of respondents support increasing provider rates, recruiting additional providers, and narrowing the benefit packages.

Building a Strong Foundation for Children and Family Services

In February 2006, the Boeing Lean Team facilitated a legislative work session with the House Children and Family Services Committee. The purpose was to solicit policy guidance around the foundational priority, creating a new practice model, and the child protective services and child welfare services redesign.

House members discussed the need to integrate policy with a clinical aspect of practice that empowers social workers and generates culture change. They agreed there is a need for change in the staff skill set, the organizational framework, and the services offered to children and families.

Supporting Youth's Integrated Treatment Model and Family-Focused Aftercare

Stakeholders recognized the need for involvement of families in youth's rehabilitation process, particularly as youth transition back to home communities. They supported the Integrated Treatment Model and use of research-based interventions.

They viewed the shift to family focused aftercare from offender focused aftercare as an important development. Many families have voiced their support of the Functional Family Parole model. The services to these families created very positive communication and change within their homes.

FUTURE CHALLENGES AND OPPORTUNITIES

Rapid Growth in Service Costs Stretches Service Capacity

As federal policymakers reduce participation in Medicaid funding, the state's share of the Medicaid costs continues to rise as much as $500 million a biennium. New unfunded mandates, such as a requirement to pay for pharmacy benefits for dual-eligible clients with the Medicare Part D benefit, have also imposed new financial burdens.

Medicaid provider rates are at the bottom of the health-care industry and are approaching a break point in which prospective doctors and hospitals will openly seek alternatives to Medicaid contracts. We must seize any possible opportunity to boost provider rates and retain strong primary and specialist representation in provider ranks.

In addition, federal grants to states for all programs other than Medicaid will likely decline by 4.5% in each of the coming years. These reductions will stretch the state's ability to provide services for child welfare, child care, adult protective services, special services for people with disabilities, and nutrition programs.

Pressures on Long-Term Care Programs

Unionized individual care providers and home care workers serve about 30% of long-term care clients and persons with developmental disabilities. Collective bargaining has resulted in improved wages and improved work conditions. It has also put pressure on the cost of care.

These upward cost pressures have increased the average cost of an in-home client from 25% to 33% of the average nursing home cost. Policymakers will need to balance the

needed improvements in in-home programs with needed improvements in other parts of the Long-Term Care system.

Because of the expected impact of the aging of the Baby Boomer generation, the federal government is looking at pilot projects to encourage individuals to plan for their own long-term care needs rather than relying on government programs. In Washington State, policymakers have addressed concerns about the state's ability to fund long-term care programs into the future. They have established a Long-Term Care Task Force to look at alternative financing models.

Transformation of Mental Health Services

After receiving a grant from the federal Substance Abuse and Mental Health Services Administration, DSHS has been spearheading a broad campaign to transform mental health services and the delivery systems across all government programs. The key components of this project are increasing consumer driven services and increasing use of evidence-based mental health care.

Another 5-year transformation grant project "Partnerships for Recovery and Resiliency" will develop an inventory of state services and mental health needs. This project can support the upgrade of the state mental health delivery systems as models for other states.

Proactive Portfolio Management to Prioritize Children and Family Services

The number of critical initiatives in the Children's Administration makes it imperative that we move from a reactive to a proactive approach so that we can implement change successfully. Portfolio management process enables staff to track projects, align them with strategic priorities, and determine how they fit into a prioritized schedule.

Disproportionate Minority Youth in Confinement

Disproportionate Minority Confinement in correctional facilities is a national phenomenon in both juvenile and adult justice systems. Statewide, youth of color account for 24% of juvenile population. But 44% of the youth under our supervision are of color – almost double the proportion of the minority youth in the community.

The first challenge is to meet the needs of these youth and their families in ways that are relevant within the context of their cultural perspectives. The Juvenile Rehabilitation Administration is implementing a strength-based service model to build upon the strengths of people in context with their ethnic, cultural, and community values and expectations.

The second challenge is to reduce the disproportion by mobilizing targeted communities so they can facilitate grass roots involvement and remove the "feeder system" of youth offenses. We are planning to invest in innovative projects and programs to positively engage communities with youth, and youth with communities.

Setting High Standards in Sex Offenders' Forensic Evaluations

RCW 71.09 requires that each civilly-committed sex offender resident be evaluated annually. Although the Special Commitment Center has set a target to reduce backlog of

uncompleted evaluations to zero by December 2006, the ability to meet this target depends on staff retention and recruitment.

Keeping up with the increasing workload (24 to 36 additions each year) will require hiring about one additional evaluator each year for the foreseeable future. This will also give us the opportunity to set high standards in the field of evaluations of sex offenders.

Chapter 4 ● Goals, Objectives, Strategies and Performance Measures

The DSHS Executive Leadership Team identified the strategic goals for FY2007-2011 based on communications with stakeholders, customers and service partners. The table below shows how the DSHS strategic goals contribute to the result areas of the Priorities of Government.

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	H. Strengthen data-driven decision making
	I. Value and develop employees
	J. Improve internal and external partnerships

During this strategic planning process, DSHS programs developed objectives and strategies that would help the agency achieve each of the strategic goals, and identified the performance measures for these strategies, as described in this chapter.

In this chapter, we indicate the administration(s) or division(s) that will be responsible for each of the strategies and performance measures, at the end of each statement. The following is the description of the major administrations and divisions and their acronyms that are noted in this chapter.

- Aging and Disability Services Administration (ADSA): Provides long-term care to elderly and people with disabilities at people's homes, community facilities, nursing homes, or residential habilitation centers; conducts inspections and investigations; license and monitor contracted providers.

- Children's Administration (CA): Investigates child abuse and neglect; provides family preservation and reconciliation services, manages foster care and other out-of-home care; finds adoptive families for children who have special needs; contracts with community agencies for services, such as behavior rehabilitation services for children with serious emotional, behavioral or medical difficulties who cannot be adequately served in family foster homes.

- Economic Services Administration (ESA): Provides food assistance, cash assistance for disabled unemployable adults or parents caring for children with disabilities and those who cannot work; collects child support payments; administers the WorkFirst program to help people find jobs and achieve self-sufficiency.

- Health and Recovery Services Administration (HRSA): Provides medical assistance programs, mental health services – by Mental Health Division (MHD), and chemical dependency treatment – by the Division of Alcohol Substance Abuse (DASA); HRSA provides these services mainly through Medicaid – a health insurance program financed with a combination of state and federal funding.

- Juvenile Rehabilitation Administration (JRA): Provides treatment and rehabilitation programs to juvenile offenders and to support their families.

- Public Affairs Administration: Manages the Vocational Rehabilitation Division (DVR) that provides vocational rehabilitation services for persons with disabilities; the Special Commitment Center (SCC) that provides treatment programs for civilly committed sex offenders; and the Office of Deaf and Hard of Hearing (ODHH) that provides service programs for the deaf, hard of hearing, and deaf-blind communities.

For those strategies that require leadership from the central management functions and participations from all programs, we use "DSHS" as the indicator for responsibility.

GOAL A: IMPROVE HEALTH CARE QUALITY AND ACCESS

Objective 1: Provide integrated health care services that are holistic, comprehensive and cost effective

Strategies:
a. Continue to collaborate with other partners to evaluate Washington Medicaid Integration Project (WMIP) and Medicare/Medicaid Integration Project (MMIP), and build risk adjusted rates to avoid adverse selection to DSHS or the provider (ADSA, HRSA)
b. Integrate services to foster care children for medical, mental health and chemical dependency treatment (CA, HRSA)

Performance Measures:
a. Increase of long-term care clients served in WMIP and MMIP (ADSA, HRSA)
b. Increase in percent of foster children whose physical health needs are met, based on case review data (CA)
c. Increase in percent of foster children whose mental health needs are met, based on case review data (CA)

Objective 2: Increase the number of children with health coverage

Strategies:
a. Maintain the current policy of 12 months of continuous eligibility once a child is deemed eligible for medical assistance (HRSA)
b. Expand current Employer Sponsored Insurance pilot project to maximize existing available coverage for children on Medicaid and SCHIP (HRSA)

c. Expand enrollment in the Children's Health Program to appropriated levels (HRSA)
d. Close the gap on children's vaccine coverage (HRSA)

Performance Measures:
a. Increase in cumulative fiscal year average monthly enrollment of children in medical assistance programs (HRSA)
b. Increase of children enrolled in Employer Sponsored Insurance program (HRSA)
c. Increase of children enrolled in the Children's Health Program (HRSA)
d. Increase in immunization rate for two-year-olds enrolled in Medicaid health plans (HRSA)

Objective 3: Deliver services in community settings when possible and eliminate disparities in mental health services

Strategies:
a. Increase community services for people with mental illness and long-term care needs (ADSA, HRSA)
b. Provide newly discharged consumers with extensive community reintegration and resiliency supports to ensure their successful integration into the community (HRSA/MHD)
c. Move minority and tribal promising practices to evidence-based practices (HRSA/MHD)

Performance Measures:
a. Increase of Expanded Community Services programs in operation (ADSA)
b. Increase in percent of consumers who are seen in the mental health system within seven days following discharge form inpatient services (HRSA/MHD)
c. Increase of studies of minority and tribal promising mental health practices (HRSA/MHD)

Objective 4: Increase access to medical coverage and services

Strategies:
a. Increase outpatient chemical dependency treatment rate, outpatient mental health rates, and dental rates paid to providers of care to both adults and children (HRSA)
b. Sustain or increase provider participation (HRSA)

Performance Measures:
a. Increase of providers delivering specific services (i.e., dental, physician) to Medicaid clients (HRSA)
b. Implementation of funded, targeted program rate increases (HRSA)

B: IMPROVE TREATMENT FOR MENTAL ILLNESS AND CHEMICAL DEPENDENCY

Objective 1: Respond effectively to treatment needs of children and youth

Strategies:
a. Implement the Children's Mental Health Pilot Program to provide evidence-based mental health services to children (CA, HRSA, JRA)

b. Improve access to mental health services for youth under JRA parole supervision (JRA)
　　c. Implement Mental Health Systems Design and establish acute care, extended care, and mainstream Mental Health treatment units at Echo Glen Children's Center and Maple Lane School (JRA)
　　d. Increase inpatient capacity for youth with severe mental health issues (HRSA/MHD)
　　e. Establish a Youth Level III secure facility to treat substance-abusing youth in need of a high level of security and highly intensive chemical dependency treatment (HRSA/DASA)
　　f. Increase support for parents of children and youth with mental health issues (HRSA/MHD, CA)

　　Performance Measures:
　　a. Increase of programs delivering Children's evidence-based practices for mental health services (CA, HRSA, JRA)
　　b. Increase in percent of parolees receiving Medicaid support for psychiatric care (JRA)
　　c. Increase in percent of youth with mental health service plan in place at time of transition from residential care to parole aftercare (JRA)
　　d. Increase of youth served in CLIP and new Evaluation and Treatment program (HRSA/MHD)
　　e. Completion of the Level III secure facility for youth needing chemical dependency treatment (HRSA/DASA)
　　f. Increase of parent partners, respite services, and training available for parents of children and youth with mental health issues (HRSA/MHD)

Objective 2: Provide mental health care that's consumer and caregiver driven

　　Strategy:
　　a. Involve consumers, their families, caregivers, and advocates in all program design and planning of the recovery and resiliency process (HRSA/MHD)

　　Performance Measures:
　　a. Increase in percent of clients receiving peer support or clubhouse activities (HRSA/MHD)
　　b. Increase in percent of consumers and caregivers who reported that they directed their treatment plan (HRSA/MHD)

Objective 3: Increase the number of persons in need of chemical dependency treatment who receive it

　　Strategies:
　　a. Implement crisis response/secure detoxification and intensive case management pilot programs to assist individuals in crisis or gravely disabled as a result of substance abuse (HRSA/DASA)
　　b. Provide additional technical assistance to providers to expand capacity (HRSA/DASA)
　　c. Expand the number of emergency departments participating in the Washington State Screening, Brief Intervention, and Referral to Treatment (WASBIRT) program, providing interventions and treatment referrals to individuals in need of substance abuse-related services. (HRSA/DASA)

Performance Measures:
a. Increase in number of aged, blind, disabled, low-income, and youth clients who receive chemical dependency treatment (HRSA/DASA)
b. Increase of individuals who access treatment within 30 days of assessment (HRSA/DASA)
c. Increase of emergency departments that provide WASBIRT services (HRSA/DASA)

Objective 4: Develop a strong prevention and treatment network

Strategies:
a. Implement research-based prevention programs in schools (HRSA/DASA)
b. Implement a program for the prevention and treatment of problem and pathological gambling, including the training of professionals in the identification and treatment of problem gamblers (HRSA/DASA)
c. Expand the number of fee-for-service mental health providers and the GAU mental health benefit (HRSA)

Performance Measures:
a. Reduction of substance use by students in participating schools (HRSA/DASA)
b. Increase in percent of DASA prevention programs that are best practices as defined by the Western Center for the Application of Prevention Technologies (HRSA/DASA)
c. Increase of prevention activities (target: four) during each biennium to disseminate a responsible gaming message and to target high-risk populations (HRSA/DASA)

C: IMPROVE CHILDREN'S SAFETY AND WELL-BEING

Objective 1: Protect children from abuse and neglect; reduce chronic maltreatment and recurrence of maltreatment

Strategies:
a. Initiate timely investigations of reports of child maltreatment (CA)
b. Restructure and implement the Child Protective Services / Child Welfare Services model to provide clear role definitions and allow CPS to focus on quality investigations, safety and risk assessments, while CWS works to get children and families essential services (CA)

Performance Measures:
a. Increase in percent of children in: (1) emergent referrals seen within 24 hours, (2) non-emergent referrals within 72 hours (CA)
b. Reduction in percent of victims who had another founded referral within 6 months (CA)

Objective 2: Help families and communities improve the well-being of children in their own homes and in out-of-home care

Strategy:
a. Increase worker visits with children (CA)

Performance Measure:
a. Increase in percent of children visited by their social worker every 30 days (CA)

Objective 3: Provide stable, nurturing, and permanent placements as quickly as possible for children who are placed into out-of-home care

Strategies:
a. Increase timely permanent placements for children in out-of-home care (CA)
b. Increase stability of children in out-of-home care (CA)
c. Decrease foster care re-entries (CA)

Performance Measures:
a. Reduction in length of time to achieve permanency goal (of reunification or of adoption) (CA)
b. Increase in percent of children in care with no more than two out-of-home placements (CA)
c. Reduction in percent of children who re-entered care within 12 months of reunification (CA)

Objective 4: Improve the organization's capacity to achieve excellent outcomes for children and families

Strategies:
a. Evaluate and improve organization structure, staffing levels, and resources necessary for timely and successful service delivery (CA)
b. Provide adequate, quality resources for foster care (CA)

Performance Measures:
a. Reduction in average number of open cases carried per social worker at fiscal year end (CA)
b. Increase of licensed foster homes; increase of minority homes available (CA)
c. Annual percent of foster homes receiving health and safety checks (CA)

Objective 5: Partner with state, local and community agencies to improve Infant Toddler Early Intervention Program

Strategies:
a. Participate in Washington Learns Initiative to provide input for ways to improve early intervention programs (ADSA)
b. Partner with Office of Superintendent of Public Instructions to identify the impact of early learning and to quantify the costs and benefits of early learning programs (ADSA)
c. Analyze and discuss the organizational placement of the Infant Toddler Early Intervention Program with the Department of Early Learning (ADSA)

Performance Measures:
a. Increase in percent of children who leave the ITEIP program at age three who no longer need special education services (ADSA)
b. DSHS and OSPI have an agreed-upon approach for quantifying the cost effectiveness of early learning programs (ADSA)
c. Analysis of appropriate placement of ITEIP program completed (ADSA)

Objective 6: Reduce incidents of violence in JRA residential facilities

Strategies:
a. Invest in capital improvements that support safety, security, and therapeutic programming (JRA)
b. Deliver cognitive/behavioral skills training as the primary intervention in the JRA continuum of care to shape proactive /productive responses to problem situations (JRA)

Performance Measures:
a. Positive changes in youth protective and risk factors connected to aggression identified in Integrated Treatment Assessment (JRA)
b. Reduction of assaults – youth on youth; or youth on staff (JRA)

Objective 7: Provide families with access to quality, affordable, and culturally appropriate child care services

Strategies:
a. Partner with the Department of Early Learning (DEL) to ensure timely and effective transition of child care policy, licensing and monitoring functions (ESA)
b. Monitor and adjust for the impact of changes in federal policy and funding levels that affect the child care program (ESA)

Performance Measures:
a. Increase in percent of child care centers or homes with up-to-date monitoring visits (ESA, DEL)
b. Adjustments implemented to the child care program in response to federal policy or budget changes (ESA)

Objective 8: Reduce underage drinking and youth marijuana use and the public health problems associated with them

Strategy:
a. Enhance funding for communities and schools to facilitate the use of evidence-based practices to prevent and reduce underage drinking and youth marijuana use (HRSA/DASA)

Performance Measure:
a. Reduction in percent of youth in grades 8, 10 and 12 engaged in underage drinking and marijuana use (HRSA/DASA)

D: IMPROVE LONG TERM CARE

Objective 1: Reduce institutional services to serve more people and honor client preference

Strategies:
a. Emphasize assessment of client's treatment needs to improve client's ability to succeed in home and community placement (ADSA)
b. Improve target relocation efforts by analyzing where nursing home placements come from and where discharges go to (ADSA)
c. Pursue funding and legislative authority to develop a short-term community respite service for persons with developmental disabilities (ADSA)
d. To the extent possible, adjust program expectations or request funding for rate increases for vendors with rates more than 10% lower than appropriate market levels (ADSA)

Performance Measures:
a. Increase in percent of persons served in developmental disabilities and long-term care programs using home and community services versus institutional-based settings (ADSA)
b. Reduction in percent of Allen-Marr class members re-admitted to a state hospital (ADSA)
c. Increase in length of stay in the community for Allen-Marr class members served in community settings (ADSA)

Objective 2: Offer a variety of quality home and community options for persons who require long-term care and services for developmentally disabled

Strategies:
a. Expand the types of home and community services that are available and increase access to those services (ADSA)
b. Improve assessment and case management to ensure client needs are adequately addressed (ADSA)
c. Expand availability of services for long-term care clients needing mental health services (ADSA)

Performance Measures:
a. Increase in percent of LTC clients served in home care and residential settings (ADSA)
b. Increase in percent of DD clients served in home/community settings (ADSA)
c. Increase in percent of waiver plans of care done on time (ADSA)

Objective 3: Enhance independence and self-reliance

Strategies:
a. Implement flexible caregiver and family support & respite programs (ADSA)
b. Create a flexible system through the New Freedom Waiver to improve consumer independent living skills and ability to direct their own care (ADSA)
c. Implement DDD Working Age Adult policy to help Medicaid clients contribute to the community to the extent they desire and are able (ADSA)

Performance Measures:
a. Reduced growth in the average cost per case of home and community clients (ADSA)
b. Increase in number of DD waiver clients employed or participating in employment programs (ADSA)
c. Increase in total average wage for clients participating in employment programs (ADSA)

Objective 4: Maximize quality of life and care of clients

Strategies:
a. Expand Resident Protection Program to adult family homes & boarding homes (ADSA)
b. Implement an anti-financial exploitation initiative that would make banks mandatory reporters (ADSA)
c. Create a Quality Assurance Nurse type of program in Boarding Homes (ADSA)
d. Increase capacity to maintain compliance in conducting 90-day visits in Adult Family Home Services (ADSA)

Performance Measures:
a. Compliance with 100% of inspections done timely (ADSA)
b. Compliance with 100% of APS complaints and CRU complaints responded to timely (ADSA)
c. Increase in percent of providers who comply with contract requirements (ADSA)

Objective 5: Improve public and individual safety measures in Community Protection Program

Strategies:
a. Increase capacity in Community Protection Program to better manage growing numbers of people coming out of criminal justice venues (ADSA)
b. Improve caseload ratio in Community Protection Program to accomplish quarterly case reviews and make sure that clients are progressing towards a goal of less restrictive living (ADSA)

Performance Measures:
a. Increase in percent of individuals eligible for Community Protection Program who receive services (ADSA)
b. Increase in percent of completed quarterly case reviews in Community Protection Program (ADSA)

E: INCREASE EMPLOYMENT AND SELF-SUFFICIENCY

Objective 1: Quickly connect individuals and families to the cash, medical, work-focused, and other benefits and services they need

Strategies:
a. Monitor the process and impact of WorkFirst redesign and recommend adjustment as needed (ESA)

b. Identify and implement best practices statewide to more quickly engage clients with services (ESA)

c. Increase the effectiveness of outreach contracts for Basic Food Program (ESA)

Performance Measures:
a. Increase in percent of individuals and families who leave cash assistance programs due to improved financial circumstances (ESA)
b. Increase in percent of individuals and families who are at or below 125% of the federal poverty level participating in the Basic Food Program (ESA)
c. Reduction in percent of individuals and families with food insecurity or hunger – national survey (ESA)

Objective 2: Enhance economic security of children through child support enforcement efforts

Strategies:
a. Improve use of automation to collect child support (ESA)
b. Increase employer compliance with new hire reporting (ESA)

Performance Measures:
a. Increase of the total child support payment collected (ESA)
b. Increase in percent of non-custodial parents paying support for their children (ESA)

Objective 3: Strengthen and expand education and vocational programs throughout children and youth's continuum of care

Strategies:
a. Promote and support education and high school completion as a basic value (CA, JRA)
b. Expand Juvenile Vocational Industries Program and entrepreneurial programs to develop skills necessary for economic independence (JRA)

Performance Measures:
a. Increase in percent of children whose educational needs are met, based on case review data (CA)
b. Increase in percent of youth graduating from high school or completing GED (JRA)
c. Increase in percent of youth completing vocational and entrepreneurial education programs (JRA)

Objective 4: Maximize resources and capacity to assist individuals with disabilities in achieving gainful employment

Strategies:
a. Provide new mix of services to help clients develop their employment plan (DVR)
b. Develop new communication processes to stay in contact with clients (DVR)
c. Support and expand current clubhouse models of supported employment to assist persons with mental health issues become self-sufficient (HRSA/MHD)

Performance Measures:
a. Increase of DVR customers achieving employment outcomes (DVR)

b. Difference between the percent of individuals achieving employment outcomes reporting their own income as their primary source of support at application and the percent reporting so at closure of service (DVR)
c. Increase in percent of participants in clubhouse supported employment programs who become employed (HRSA/MHD)

Objective 5: Assist persons with hearing loss in achieving functionally equivalent access to telecommunications

Strategy:
a. Pursue new and emerging telecommunication services and features to assist persons with hearing loss (ODHH)

Performance Measures:
a. Status Report on: (1) Research, design and develop new deafblind telecommunication device, (2) Enable provision of Captioned Telephone (CapTel) as a relay feature for hard of hearing (ODHH)

F: USE EFFECTIVE TREATMENT TO ENHANCE OUTCOMES

Objective 1: Provide treatment alternatives to incarceration

Strategies:
a. Implement drug sentencing reform by working with local authorities to provide substance abuse treatment in lieu of incarceration (HRSA/DASA)
b. Support judicially supervised treatment models such as Drug Courts to promote public safety and reduce re-arrests among nonviolent, chemically dependent offenders (HRSA/DASA)
c. Increase capacity to house additional forensic patients at Eastern State Hospital (ESH) and Western State Hospital (WSH) (HRSA/MHD)

Performance Measures:
a. Increase of individuals that accessed treatment in lieu of incarceration (HRSA/DASA)
b. Reduction of re-arrests among nonviolent offenders who participated in judicially supervised treatment models (HRSA/DASA)
c. Completion of staffing for 20 more beds in ESH and 40 more beds in WSH (HRSA/MHD)

Objective 2: Standardize practice of early screening, assessment, and referral to services

Strategies:
a. Collaborate with other programs serving children, youth and adults to screen for co-occurring mental and substance abuse disorders and link with integrated treatment (HRSA, ADSA, CA, JRA)
b. Provide training and consultation to primary care providers so they can screen for mental and substance abuse disorders and connect patients with treatment and supports (HRSA)
c. Partner with correctional facilities, state psychiatric hospitals and Regional Support Networks to facilitate immediate access to medical assistance by

persons with a serious mental disorder who are being released from confinement (ESA, HRSA/MHD)

d. Evaluate the implementation, impact, and effectiveness of the new screening instrument for co-occurring mental health and substance abuse disorders mandated under SB 6793. (HRSA)

e. Implement a crisis intervention team to train police force on how to interact with the mentally ill (HRSA/MHD)

Performance Measures:
a. Increase of consumers receiving an integrated mental health and substance abuse screen (HRSA)

b. Increase of people receiving outreach services while transitioning from jail or prison to the community (HRSA)

c. Increase of eligible persons with a serious mental disorder receiving medical assistance upon release from confinement in a correctional facility or state psychiatric hospital (ESA)

d. Completion of the evaluation of the screening instrument (HRSA/DASA)

e. Completion of crisis intervention team implementation (HRSA/MHD)

Objective 3: Improve treatment and management of juvenile offenders to reduce recidivism

Strategies:
a. Implement Family Integrative Transition program placement for sex offender parolees and families (JRA)

b. Develop increased community supervision options for highest risk sex offenders (JRA)

c. Develop transitional housing for homeless offenders that supports treatment, education, and emancipation goals (JRA)

Performance Measures:
a. Reduction of youth offenders who re-offended within 18 and 36 months of release (JRA)

b. Reduction of youth sex offenders sexually re-offending within 36 months of release (JRA)

c. Increase of youth sex offenders engaged in work or education while under parole supervision (JRA)

Objective 4: Increase confinement capacity and establish an accommodated transition program for sex offenders

Strategies:
a. Create additional living quarters to safely house current and future civilly committed sexually violent predators in total confinement (SCC)

b. Set up internal treatment teams to identify Special Needs residents in higher phases of treatment; work with external stakeholders and train staff to coordinate and prepare for these residents' transfer to the Secure Community Transition Facility (SCTF) (SCC)

Performance Measures:
a. Completion of construction of additional living quarters (SCC)

b. Increase of SCTF staff trained to address Special Needs requirements and individual needs; number of special needs residents who move to the accommodated transition program (SCC)

Objective 5: Strengthen care coordination to improve health status and moderate health expenditure growth rates

Strategies:
a. Implement predictive modeling to determine the most effective treatment for the 5% of clients who account for close to 50% of the health care costs (HRSA)
b. Implement intensive pharmacy benefits management (HRSA)
c. Work with Health Care Authority and Department of Health to implement the Governor's directives for preventive care, chronic care management and health technology (HRSA)
d. Work with Department of Health to define and implement 'medical homes' particularly for the aged, blind and disabled (HRSA)

Performance Measures:
a. Growth rates in per capita costs for children, families, disabled and aged populations (HRSA)
b. Growth rates in pharmacy costs and pharmacy utilization (HRSA)
c. Joint recommendations to the Governor on preventive care, chronic care management and health technology (HRSA)
d. Completed proposal for medical homes for the aged, blind, and disabled populations (HRSA)

G: REINFORCE STRONG MANAGEMENT TO INCREASE PUBLIC TRUST

Objective 1: Improve IT capacity to support management needs

Strategies:
a. Increase the capacity, security and availability of network and systems to meet changing needs and requirements (DSHS)
b. Enhance management of information technology using sound project management and quality improvement practices (DSHS)
c. Implement a new statewide automated child welfare information system (SACWIS) that integrates the components of child welfare activities (CA)

Performance Measures:
a. Timely application rate of security patches for all IT systems (DSHS)
b. Number of users migrated to the department's new e-mail and remote access systems (ISSD)
c. Number of outages avoided, system average response times and number of network equipment and site upgrades (ISSD)
d. Availability rate of 25 mission critical systems (DSHS)
e. Successful management of Level 2 & 3 IT projects in the areas of scope, schedule, budget, funding and documentation (DSHS)
f. Successful replacement of CAMIS with an integrated Statewide Automated Child Welfare Information System (SACWIS) (CA)

Objective 2: Improve financial planning and oversight

Strategies:
a. Upgrade financial oversight of home and community providers per federal requirements (ADSA)
b. Improve capital planning process to effectively respond to the changing needs and requirements of programs at state-owned facilities and institutions (DSHS)
c. Implement leased facility strategic planning to effectively forecast and respond to the changing needs and requirements of programs that lease facilities throughout the state (DSHS)
d. Monitor and adjust for the impact of changes in federal policy and funding levels that affect TANF and child support programs (ESA)
e. Increase capacity in MHD headquarters to improve audit, compliance, monitoring, and consumer response (HRSA/MHD)

Performance Measures:
a. Financial oversight of home and community service providers passes any federal audit (ADSA)
b. Increase in percent of major capital projects contained in the DSHS Ten Year Capital Plan that have direct ties to the programs' strategic plans (DSHS)
c. Number of regions with current (reviewed and approved annually) Regional Leased Facilities Strategic Plans (DSHS)
d. Adjustments implemented in TANF and child support programs in response to federal funding impact (ESA)
e. Increase of RSN monitoring reports (MHD)

Objective 3: Strengthen risk management practices to assure quality services and prevent risks

Strategies:
a. Expand risk management capacity and infrastructure to enhance agency-wide integrated risk management strategies (DSHS)
b. Expand capacity and infrastructure for emergency planning to provide staff and stakeholders adequate resources to respond to emergency events (DSHS)
c. Implement tools and methods to improve reporting, monitoring, analyzing, and preventing critical incidents (DSHS)
d. Improve the effectiveness and timeliness of background checks process (DSHS)
e. Expand safety program at Child Study and Treatment Center (HRSA/MHD)
f. Implement client safety, no-lift policy under HB 1672 (HRSA/MHD)

Performance Measures:
a. Ratio of claims to incidents (DSHS)
b. Compliance with Governor's Directive for National Incident Management System and Homeland Security Presidential Directive, and percent of staff trained (DSHS)
c. Reduction in audit findings and repeat findings (DSHS)
d. Increase of timely background checks for providers and employees (DSHS)
e. Reduction in on-the-job injuries in state facilities (DSHS)

Objective 4: Improve sex offender management to provide comprehensive statewide services

Strategies:
a. Evaluate and improve organizational structure, staffing levels, and resources necessary to better support the sex offender management program (SCC)
b. Request resources to upgrade program capacity for research on sex offender assessment, treatment and management, policy development, data analysis, and performance measurement and accountability (SCC)

Performance Measures:
a. Increase in percent of timely annual forensic evaluations of civilly committed sex offenders (SCC)
b. Improved risk assessment tools, community sex offender management strategies, and data collection process (SCC)

Objective 5: Comport with federal eligibility requirements

Strategy:
a. Implement processes necessary to verify citizenship of all Medicaid clients applying for or continuing to receive benefits (HRSA, ADSA, CA)
b. Restructure the alien emergency medical (AEM) program (HRSA, ADSA)

Performance Measure:
a. Reduction in audit findings related to eligibility or services to non-citizens (HRSA)

H: STRENGTHEN DATA-DRIVEN DECISION MAKING

Objective 1: Use quality assurance system to promote satisfactory outcomes for children and families

Strategy:
a. Improve statewide consistency of child welfare practice by implementing the new practice model (CA)

Performance Measure:
a. Evaluation of practice at the office level by review of a random sample of cases (CA)

Objective 2: Expand the use of evidence-based medicine in coverage and medical necessity decisions to improve outcomes

Strategies:
a. Publish a website to improve client and provider understanding of evidence-based coverage and medical decision criteria (HRSA)
b. Collaborate with other state agencies in technology assessment and common decision criteria (HRSA)
c. Initiate an institute with research expertise on effective evidence based practice services and implementation (HRSA/MHD)

Performance Measures:
a. Reduction of unsafe, high-cost and ineffective therapies, devices, procedures, and drugs in state purchased health care services (HRSA)
b. Joint recommendations to the Governor on health technology assessment (HRSA)
c. Progress report on development of evidence-based practices institute (HRSA/MHD)

Objective 3: Expand and leverage information technologies to improve decision-making

Strategies:
a. Implement ProviderOne system to increase data driven program management capacity (HRSA)
b. Use health technology to improve access and coordination of mental health care, especially in remote areas or underserved populations (HRSA/MHD)
c. Implement electronic medical record system in state mental health hospitals (HRSA/MHD)
d. Improve DD case management by using case management information system to monitor and authorize most appropriate services and resources (ADSA)
e. Implement health information system for sex offenders to improve case management and treatment outcomes (SCC)

Performance Measures:
a. Completion of ProviderOne implementation (HRSA)
b. Survey results of mental health community for current use of electronic health records and personal health information systems (HRSA/MHD)
c. Transition of all three state hospitals to electronic medical record system (HRSA/MHD)
d. Completion of Case Management Information System implementation for DD programs (ADSA)
e. Completion of health information system implementation for sex offenders (SCC)

Objective 4: Improve agency-wide decision making for better program outcomes

Strategy:
a. Expand and strengthen the decision making process for agency-wide projects or initiatives by using Enterprise Architecture Program (DSHS)

Performance Measures:
a. Increase of Enterprise Architecture decision resolutions made that benefit the agency as an enterprise (DSHS)

Objective 5: Develop and use client-specific outcome and risk data in evaluating DSHS programs

Strategy:
a. Implement a project to add risk tables and client health, safety, criminal justice, and employment outcomes to the Client Services Data Base (CSDB), and use these outcome and risk data to evaluate the effectiveness of DSHS services (DSHS)

Performance Measure:
a. Increase of completed program evaluations using CSDB client outcome and risk data (DSHS)

I: VALUE AND DEVELOP EMPLOYEES

Objective 1: Build a high performance workforce that is culturally diverse and competent

Strategies:
a. Improve recruitment and retention outcomes especially among minority populations (DSHS)
b. Evaluate and improve internal and external training resources to meet employees' development needs (DSHS)
c. Create innovative ways to encourage learning and development such as coaching, mentoring, or rotation job assignment (DSHS)

Performance Measures:
a. Increase in percent of employees with diversity backgrounds (DSHS)
b. Reduction in turnover rates in major job categories (DSHS)
c. Increase in percent of employees who completed mandatory training (DSHS)

Objective 2: Provide the infrastructure, information, and systems to help employees do their jobs

Strategies:
a. Clearly communicate expectations with employees (DSHS)
b. Provide feedback and recognition on employees' job performance (DSHS)
c. Embrace an open and supportive work environment to retain and motivate employees (DSHS)

Performance Measures:
a. Increase in percent of employees that received clear performance expectations (DSHS)
b. Increase in percent of employees with current performance development plan (DSHS)
c. Improved employee survey results on questions related to work environment (DSHS)

J: IMPROVE INTERNAL AND EXTERNAL PARTNERSHIPS

Objective 1: Improve service outcomes by working with community partners to expand integrated service programs

Strategies:
a. Improve ongoing partnership, communication, and consultation with out-of-home care providers, Tribes, communities, courts and other agencies (CA)
b. Expand Chronic Intensive Case Management programs to more sites and, eventually statewide (ADSA)

    c. Partner with businesses, schools, employers, and adult service providers to maximize resources and meet the needs of DVR customers (DVR)

Performance Measures:
    a. Improved results of satisfaction survey of foster parents (CA)
    b. Increase of Chronic Intensive Case Management Programs (ADSA)
    c. Increase of agreements with school districts and higher education institutions (DVR)

Objective 2: Improve disproportionality rates in client services

Strategies:
    a. Collaborate with community organizations and researchers to reduce disparities in health outcomes, particularly for ethnic minorities (HRSA)
    b. Expand Family Integrative Transition (FIT) program to Eastern Washington to provide minority youth with equitable treatment services (JRA)
    c. Initiate innovative prevention projects, similar to the national community mobilization models, to engage targeted communities with youth in the juvenile justice system (JRA)

Performance Measures:
    a. Reduction of disparity in health outcomes in one or more specific populations (HRSA)
    b. Increase in percent of minority youth and families engaged in the FIT program (JRA)
    c. Proportion of minority youth contacted by the juvenile justice system relative to overall representation in youth population (JRA)

Objective 3: Strengthen partnerships with Tribes to improve service delivery capacities

Strategies:
    a. Work with Tribes to increase community residential resources (ADSA)
    b. Work with Tribes to provide services and assistance in ways that best meet the needs of Americans Indians (ESA)
    c. Develop partnerships with each American Indian Vocational Rehabilitation program to improve variety of services available for American Indians (DVR)

Performance Measures:
    a. Increase of Tribes offering community residential resources; number of Tribes offering in-service training about self-directed care (ADSA)
    b. Increase of Tribes operating TANF programs and child support programs (ESA)
    c. Increase of joint cases between DVR and American Indian VR programs (DVR)

Chapter 5 ● Performance Assessments

GOVERNMENT MANAGEMENT ACCOUNTABILITY AND PERFORMANCE

In June 2005, DSHS Executive Leadership Team refined the agency's priorities and aligned them with the Governor's priorities. These refined priorities became the framework of our GMAP (Government Management Accountability and Performance) practices.

In addition to participating in the Governor's GMAP Forums on Vulnerable Children and Adults, Health Care, and Public Health, DSHS Secretary also holds quarterly GMAP sessions for each of the priority areas. In general, four to six GMAP sessions take place each month.

During the strategic planning discussion in late 2005, the Executive Leadership Team agreed to adopt these priorities as the agency's strategic goals, as listed below.

   A. Improve health care quality and access

   B. Improve treatment for mental illness and chemical dependency

   C. Improve children's safety and well-being

   D. Improve long term care

   E. Increase employment and self-sufficiency

   F. Use effective treatment to enhance outcomes

   G. Reinforce strong management to increase public trust

   H. Strengthen data-driven decision making

   I. Value and develop employees

   J. Improve internal and external partnerships

To encourage participation of all Assistant Secretaries in the GMAP sessions for central management functions, most of these sessions take place at the Executive Leadership Team Meetings that take place every other week. The Assistant Secretaries' input and interpretation of reported data add more value to the discussions.

These GMAP sessions have helped our leadership share understanding of our direction and advancement, engage in timely problem-solving, and improve partnerships among programs.

As DSHS programs continue to improve the quality of their performance management framework, the Secretary constantly motivates programs to look for better ways in measuring, analyzing, benchmarking, and recognizing our performance. This process has helped our leadership focus more clearly on critical outcomes. It has also reinforced the leadership's accountability for getting results.

A few Assistant Secretaries also hold their internal GMAP sessions with their management teams. Some of their divisions, offices, or regions also conduct their internal GMAP meetings.

However, we need to continue our efforts in communicating our GMAP practices with our employees and helping them see the link between their work and the agency goals. We also need to take a closer look at the alignment of our GMAP performance measures with those measures reported to the Office of Financial Management in the Performance Measures Tracking System.

INTERNAL AUDITS AND REVIEWS

Operations Review and Consultation

Each year, the DSHS Operations Review and Consultation (ORC) assesses the nature and extent of the potential risks to the clients, the assets, and the operations of DSHS. Based on the risk assessment results, and the input from the DSHS Audit Committee, ORC develops and implements its Annual Audit Plan.

In early 2006, ORC used a methodology in which a risk value was assigned to each of the previous findings. Based on the assessments of immediate and ongoing risks to the department, ORC proposed reviews in the following areas during FY2007:

- Contract Monitoring
- Subrecipient Monitoring
- Information Technology and Systems
- Physical Asset Inventories
- Institutions
- Disbursements
- Benefit Eligibility

The DSHS Audit Committee will have further discussions about these proposed review areas and provide input for ORC's FY2007 Annual Audit Plan.

Internal Control

Every manager in DSHS is responsible for the installation and maintenance of appropriate internal controls for those processes within their area of responsibility. A policy requires DSHS managers to annually conduct a comprehensive internal control Risk Assessment and Self-Evaluation (RASE) within their respective areas of authority.

The Internal Control Officer will review RASE documents and forward copies of all Improvement Action Plans received to Operations Review and Consultation for risk analysis.

The Assistant Secretaries and Chief Executive Officers will forward all completed Certificates of Completion, and all associated Improvement Action Plans for their administration to the Internal Control Officer by May 31st of each year. They will also manage a monitoring and reporting program to ensure completion of reported improvement actions.

The Office of Accounting, on behalf of the Secretary, will complete a Financial Disclosure Certificate annually for submission to the Office of Financial Management. The certificate

will represent DSHS' compliance with statutory internal control requirements including risk assessment and self-evaluation.

Risk Management

In early 2006, DSHS programs completed the Risk Management Snapshot Survey initiated by the Office of Financial Management. The survey collected information about agency's practices in: (1) Incident Reporting and Assessment, (2) Claims and Litigation Experience, and (3) Additional Enterprise Risk Aspects.

The survey results showed that each program currently has a variety of risk management activities in place, depending on the areas of risks and its risk management infrastructure. This survey provided a useful inventory from a department-wide perspective to see what areas we need to improve upon.

DSHS is in the process of creating a capacity at the executive level to enhance enterprise risk management practices. The responsibility of the new risk manager will include: (1) making sure that our programs have proper policies consistent with best practices, (2) analyzing incident reports to identify and reduce key risk factors, and (3) sharing best practices and lesions learned to encourage improvements.

AUDITS BY THE STATE AUDITOR'S OFFICE

The State Auditor's Office (SAO) conducts an annual Accountability Audit. The areas examined were those representing the highest risk of noncompliance, misappropriation or misuse. Other areas are audited on a rotating basis over the course of several years.

Accountability for Public Resources: During the audit period between July 2004 and June 2005, SAO evaluated DSHS' accountability and compliance with certain state laws, regulations, and its own policies in the following areas:

- Follow-up on prior year's issues
- Frauds
- Citizen concerns
- Reviews of electronic systems
- Tests of various expenditures, assets, grants, etc.
- Other areas such as controls over inventory and certificates of deposit

Financial: SAO performed an annual audit of the statewide basic financial statements as required by state law (RCW 43.09.310). These financial statements are included in the Comprehensive Annual Financial Report prepared by the Office of Financial Management. SAO tested DSHS' account balances and financial activity related to:

- Human Services – operating grants and contributions
- Federal Grants-in-Aid
- Payments due from other governments
- Human Services

Federal Programs: Federal grant audit work is performed on a statewide basis, in accordance with the revised Single Audit Act. SAO selected federal programs for audit using risk-based criteria set forth in the U.S. Office of Management and Budget Circular A-133.

- Food Stamp Cluster
- Foster Care

- Rehabilitation Services, Vocational Rehabilitation Grants to States
- Promoting Safe and Stable Families
- Temporary Assistance to Needy Families
- Child Care Cluster

- Adoption Assistance
- State Children's Health Insurance Program
- Block Grants fro the Prevention and Treatment of Substance Abuse
- Social Security Disability Insurance and Supplemental Security Income Cluster

In addition, SAO followed up on prior audit recommendations for the following federal programs at DSHS:

- Juvenile Accountability Incentive Block Grant
- Community Mental Health Services Block Grant

Medicaid Program: Because of the large amount of funding involved and its complex requirements, the Medicaid program is also included in the State of Washington Single Audit every year.

DSHS managers and staff have already developed and begun to implement corrective action plans in areas where DSHS agreed with the findings. These areas include better verification of Social Security Numbers, closing any loopholes in our system of background checks for staff and providers, and addressing any of the findings that suggest money may have been misspent or needs to be recovered.

There are also findings that require additional clarification from our federal funding partners, and findings with which DSHS disagreed. DSHS is working to clarify more information, resolve different opinions, and learn from these lessons to improve our performance as possible.

FEDERAL AUDIT

Division of Vocational Rehabilitation: Through the most recent federal program audit process, the Division of Vocational Rehabilitation (DVR) has developed a plan of corrective action. DVR reports its progress on this plan to the U.S. Department of Education on a quarterly basis. The audits are viewed as a part of quality assurance to help us prioritize work and provide a useful check on our performance. The areas of improvement include the number of rehabilitation outcomes we achieve annually, and our success rate in helping people with disabilities get and keep jobs.

OTHER AUDITS

Special Commitment Center: The Special Commitment Center (SCC) uses a team of contractors that performs an Annual Inspection of Care (IOC) of the SCC programs. The IOC uses a survey tool and standards that cover all aspects of the SCC programs and services. The team is made up of a panel with expertise in mental health, sex offender treatment, nursing, facility security and safety, and food services.

Information System Services Division: The Information System Services Division (ISSD) recently completed an Internal Revenue Services security audit where there were

findings. ISSD has taken corrective actions to correct problems. Several of the findings related to actions that the Department and Information Services is responsible for.

ACCREDITATIONS

Children's Administration: Accreditation is one means by which child welfare agencies objectively demonstrate successes in meeting best practice standards. The Children's Administration has chosen the National Council on Accreditation to serve as its accrediting body. Their accreditation process evaluates an organization against best-practice standards. The Children's Administration is working towards attaining accreditation of headquarters and all 44 field offices by July 2008.

State Mental Health Hospitals: The Joint Commission on Hospital Accreditation is the entity that accredited the three state mental health hospitals. As part of their accreditation process, they undergo a thorough independent review of their clinic care, quality improvement, and business processes.

WASHINGTON STATE QUALITY AWARD ASSESSMENT

This year, DSHS is in the process of preparing two applications for the Washington State Quality Award (WSQA) assessment. Based on the National Baldrige Criteria, the assessment reviews the organization's practices in the following seven areas:

- Leadership
- Strategic Planning
- Process Management
- Data, Information, and Knowledge Management

- Employee Focus
- Customer Focus
- Business Results

The Community Services Division, Region 1, is on schedule to complete the application document in June 2006. They expect to receive feedback from WSQA in September. The Division of Child Support plans to complete their application in September.

In July, we will share lessons learned by the Community Services Division, Region 1, with other administrations. We will continue to discuss the timeline for other programs' assessments in the coming years. A new law requires all state agencies to apply for WSQA assessment starting no later than 2008, and re-apply every three years afterwards.

CLOSING PERFORMANCE GAPS

Customers Want Easy Access to Our Services

Between January and June 2005 DSHS surveyed 1,136 clients who had received DSHS services in FY2004. These clients answered questions about their satisfaction with DSHS services and recommended improvements.

The majority expressed satisfaction with DSHS services (80% to 91% were satisfied) and with DSHS staff (85% to 88% were satisfied). These are the areas that show improvement.

On the other hand, compared to a previous survey, fewer clients felt they were involved in making choices about services (74% agreed) or that services were well-coordinated (73% agreed). Access to services and access to information continue to be areas needing attention. In Chapter 4 of this document, many DSHS programs identified strategies to improve customer's access to services.

Providers Want to Receive Quicker Response and More Information

DSHS has conducted a series of eight provider surveys - to enable the agency to better understand provider concerns and improve partnerships with providers. We sent four surveys to providers paid through the Social Services Payment System (SSPS), and sent additional surveys to provider groups paid through the standard state voucher system. A report on each survey summarizes the providers' comments.

Communication is by far the most frequently mentioned issue in the survey response. Many providers made suggestions on improvements that can help them reach DSHS staff quicker when they need information. We also received positive comments about how well DSHS staff provided accurate information and answered questions by e-mail.

Plain Talk Brings Clarity to Our Written Communications

DSHS is working to implement Plain Talk principles in our writing. The purpose is to use clear and easy to understand language in written communications for our customers, partners, stakeholders, and our own employees. The high priority areas include client letters, provider information, public brochures, and Internet Website redesign.

To build internal Plain Talk awareness and capacity, we created a Plain Talk Website with useful tools and resources. In October 2005, we started publishing "Plain Talk Tips" on the Inside DSHS online newsletter. Many staff writers have taken the Plain Talk training. The Economic Services Administration also created a brief Plain Talk online training curriculum.

DSHS has included Plain Talk as one of the topics discussed at the GMAP sessions with the Secretary and the Assistant Secretaries. Currently the Plain Talk Coordinators Group is working to identify appropriate performance measures that can show our progress in improving the clarity of our written communications.

Technology Improves Business Solutions

The implementation of the ProviderOne system will close a significant performance gap currently existing in the management of Medicaid. The following are some of the issues that ProviderOne is designed to assist in resolving:

- The current system's architecture prevents it from being easily modified to respond to policy and program changes. It lacks ready access to data for critical analysis and reporting.

- The current system has poor ability to interface with other systems. A newly designed architecture will allow for consolidation of other authoritative data sources to enhance payment and data accuracy.

New Business Model to Help Children and Families

The leadership in the Children's Administration (CA) determined that long-term systemic change is essential to improve the infrastructure, management and organizational culture.

With the help from the Boeing Company Lean Team, CA has begun a series of work sessions to explore new tools and best practices that they can use to create the practice model and business model. The result can improve teamwork, communication, decision making, and ultimately, our services to children and families.

Emergency Management to Minimize Impacts of Disasters

DSHS is working on the Emergency Management Response Plan to address the needs of staff, clients and citizens in times of emergency and disaster. The purpose is to minimize impacts of disasters by facilitating an efficient, coordinated, effective response to the related needs of the affected population.

This plan can help us maximize the use of personnel, facilities and other resources in providing assistance to staff, customers, providers, emergency response personnel, and the community at large. Internal and external communication elements are important for maximizing the effective functioning of this plan.

We developed this plan in coordination with the Office of the Governor and the Washington Military Department, based on the Homeland Security Presidential Directive-5. The Incident Command System is the organizational structure for the implementation of this plan. Our goal is to comply with the National Incident Command System requirements.

In this plan, we identified necessary resources and activities that can be mobilized in a timely manner when a disaster occurs. We will review and update this plan annually to reflect technological improvements and emerging best practices. We will reinforce the plan by training, exercises, drills, and other events.

Chapter 6 ● Internal Capacity Assessment

WORKFORCE AND ORGANIZATIONAL CAPACITY

Aging Workforce

As baby boomers approach retirement age, we face the potential loss of program knowledge and management expertise through the retirement of experienced workers. According to national research, government is feeling the impact at a greater rate than the private sector. The proportion of older workers is expected to increase by an average of 4% per year between 2000 and 2015. The proportion of younger workers entering the public sector is shrinking at the same time.

DSHS administrations' succession planning data also reflected this national trend. About two-thirds of our managers were eligible to retire by the end of 2005. This percentage might increase in future years.

A Double-edged Challenge

Retirements may cause more turnovers in key positions. We anticipate an increased need for recruitment, training, and mentoring of newer, less experienced workers. At the same time, we need to develop qualified professional staff and prepare them for key leadership positions.

On the other hand, as some older workers elect to remain in the workforce beyond retirement age due to their economic situations or other reasons, we can anticipate an increased need for reasonable accommodations for these older workers.

Strong Commitment

DSHS' strong commitment to serving our citizens requires a well developed workforce. However, some job positions have experienced high turnover rate in recent years: social workers, psychologists, nurses, therapists, pharmacists, forensic evaluators, and other medical professionals.

We need to work closely with the Department of Personnel to enhance recruiting so that we can create the capability to obtain certified lists in a timely manner. Meantime, as our training resources diminish due to budget reductions, alternative employee development opportunities, such as mentoring activities and job rotations, became viable vehicles for organizational development and succession planning.

Involving Employees in Decision Making

The 2006 DSHS Employee Survey gave us an opportunity to understand how our employees felt about their job, their workplace and their management. In addition to the twelve standard questions provided by the Department of Personnel, we added six more questions and two open-ended questions. About 77% of DSHS employees responded to this survey.

In general, 80% of respondents felt good about their work, or agreed that their supervisors treat them with dignity and respect. But only 50% of respondents felt they had the opportunity to give input on decisions affecting their work, or they were encouraged to come up with new and better ways of doing things. Less than 50% of the respondents felt they received recognition for a job well done, or felt they had confidence in the decisions made by senior leaders.

A follow-up workshop in June will talk about how to share feedback communications with employees and develop an action plan based on the survey results. The Secretary will also discuss this topic with the Executive Leadership Team in August after receiving programs' action plans.

TECHNOLOGY CAPACITY

Important Factors

As we improve our information technology practices to sustain existing programs and service levels, and to support added new programs, we must consider the following factors that significantly influence DSHS' technology capacity:

- Increased demand driven by economic realities – DSHS is responsible for addressing the needs of increased numbers of clients with improved services, while reducing administrative costs.

- Thoughtful acquisition and deployment of technological innovation – Advances in technology offer more and better potential solutions.

- End user expectations – As existing technology and its infrastructure age, investment in upgrades is necessary to meet user's changing needs.

- Quality workforce – Successful recruitment and retention of a skilled workforce is essential to the performance of the workload associated with developing, maintaining and operating IT systems.

Effective Infrastructure and Skilled Workforce

DSHS programs continually evaluate and implement solutions to improve service delivery models. These solutions often rely heavily on the use of the web-based applications and other emerging technologies. Consequently, the agency's technical infrastructure and technology staff continue to face new demands and challenges.

As technology advances, so must the skills of our IT workforce. Competition with private industry makes it difficult to recruit and retain highly skilled technical experts. Flexible hiring and compensation tools must be available to overcome these challenges along with succession planning.

Fundamental Shifts in Service Delivery

Given the state's budget limitations, DSHS is challenged to provide new services and infrastructure while maintaining existing services. In recent years, DSHS experienced fundamental shifts in service access and delivery. For example:
- Employees and their workstations are becoming more mobile and less tied to a worksite.

- Call centers and interactive voice response systems are more commonplace.
- We explore new opportunities to reduce paper files and move to digital storage.
- Increase in virulent cyber attacks resulted in heightened vigilance in IT security.
- Decreased fiscal and staff resources have increased interest in finding technology solutions at the enterprise level when feasible.

IT Strategic Planning

These shifts require expansion of the agency's technology infrastructure and often result in expansion of enterprise-wide technology service offerings. The DSHS IT Strategic Plan, in Appendix 3 of this document, outlines strategic IT activities that impact multiple parts of DSHS.

In addition, many programs have planned technological advancements for the next few years, and have included those issues in their strategic plans. For example:

- Implement ProviderOne, the agency's new provider payment system

- Use health technology to improve access to and coordination of mental health care

- Implement integrated electronic health record and personal health information systems

- Implement Web front-ends to legacy systems, such as ACES and STARS

- Create systems that automatically notify clients of key case actions and events

- Initiate multiple improvements to the Division of Vocational Rehabilitation STARS application to improve service delivery, data collection and reporting

- Fully implement the CATS system in Juvenile Rehabilitation Administration

- Implement the automated comprehensive assessment system for persons with developmental disabilities, and enhance the system for all supported populations

- Implement a new statewide automated child welfare information system (SACWIS)

- Develop and implement medical and residential/clinical treatment databases to improve sex offender risk assessment and treatment effectiveness

FINANCIAL CAPACITY

Overview

Our operating budget has grown by an annual average of 5.5% since the 95-97 Biennium. For the most part, these cost increases are driven by the cost of health care and other necessary support services to the state's Medicaid eligible citizens.

Most of the budget growth in any given biennium is driven by inflationary cost for health related services or caseload growth for existing programs. About 70% of the department's budget is spent on contracted services, 10% is spent through grants to clients, 15% on employee salary and benefits, and 5% on other administrative support functions.

Federal Funding

Nearly three-quarters of the Department's budget is driven by state and federal funds paying for health and rehabilitative services of the Medicaid program. An additional 15% of the department's budget is governed by federal funding rules or results from with other federal grants — meaning 90% of the department's budget is directly connected to the federal budget.

Consequently, federal government's implementation of budget reduction proposals will affect the department's financial capacity. Recently, the State General Fund (GFS) has made up some of the lost federal funds for DSHS programs. In its most recent budget, the United States Congress has made the first of what are expected to be additional reductions to federal spending for programs traditionally paid for in part by the federal government.

Over the past three biennia, state general funds have added to the department's budget to make up for reductions in federal support for mental health services, WorkFirst and the Children's Health Program.

Reductions in federal spending sometimes come in the form of direct federal cuts to program eligibility or program elimination. In other cases, the imposed administrative changes impact the amount that the federal government will pay for a particular service or activity. Either of these types of reductions creates increased competition for limited state revenues or the need to scale back a service or program.

In the current federal deficit environment, policymakers will have to continue to look for ways to reduce spending. This will have implications for DSHS programs for the foreseeable future.

Economic Forecast

The US economic growth (Gross Domestic Product) for the next four calendar years is forecasted to be 3.3% in 2006, 2.9% in 2007, and 3.2% in 2008 and 2009. The unemployment rate is expected to be fairly stable at 4.76% this year, 4.87% in 2007, 4.95% in 2008, and 4.88% in 2009.

In Washington State, employment growth is anticipated to be 2.2%, 1.8%, and 1.5% in 2007, 2008, and 2009. Real personal income growth for the current year is expected to be 4.1%, while 2007 through 2009 is estimated at 5.2%, 4.3% and 4.3%.

Even with modest growth anticipated during the next several years, available revenue for state programs is not expected to keep pace with the funds required to support state services by. It is estimated the state will require an additional $720 million in revenue to fund existing DSHS programs in the 07-09 biennium and $1.5 billion to fund existing programs in the 09-11 biennium.

Competition between Services and Infrastructure

We must carefully manage our finances especially in times of limited resources. State policymakers need to make choices between funding services for constituents and adequately funding infrastructure to deliver those services.

Budget cycles and competing demands for limited revenue leave little room for providing resources to maintain information technology that supports management decision making, administrative overhead to assure proper management of operations, or adequate facilities are provided in which to deliver services.

Policy makers realize the importance of making critical investments in technology to accommodate the growing infrastructure demands to support a wide variety of uses from safeguarding information to the analysis of performance data.

For DSHS, it is a constant struggle to get sufficient resources to pay for increasing lease costs, advancing technology, ever expanding expectations for performance and oversight, inflationary costs of utilities, fuel, or even postage. In these cases, fixed cost must be met, and often that comes from reducing expenditure on client services.

SERVICE DELIVERY CAPACITY

New Partners for Integrated Treatment to Long-Term Care Consumers

For the Aging and Disability Services Administration, new partnerships have emerged over the last biennium. These providers serve mentally ill and chemically dependent persons, and we expect their services will result in more holistic, integrated treatment, and therefore achieve better outcomes.

Because we expect that the growth in demand will far exceed the growth in resources, our future challenge is how to limit services and adequately serve the greatest numbers of people possible. The Joint Legislative and Executive Task Force on Long-Term Care will consider the future of long-term care by addressing financing, chronic care management, and disability prevention.

Implement New Practice Model to Improve Service to Children

In the Children's Administration, the continuous effort to increase and sustain the capacity of our service partners through recruitment, training and communication is critical to the safety, well-being and stability of children. We seek contractors' input and conduct a comprehensive review of provider contracts to improve business practices and service outcomes.

We also want to achieve the highest service standard possible in Child Protective Services and Child Welfare Services. The administration is developing a new practice model to reduce inconsistencies in our social workers' decision making and policy interpretation, while taking regional differences into consideration.

Streamline Processes and Improve Contracting Monitoring

Although the state's economic condition has improved, changes at the federal level are exhausting added resources that the state is realizing. The Economic Services Administration continues to focus and direct efforts at the most efficient methods of service delivery, while maintaining high quality, customer-focused service.

These efforts include: (1) using technology to streamline processes where possible, (2) enhancing contractor recruitment to meet the needs of the diverse population, and (3)

improving contract development and monitoring capacity to ensure delivery of desired results.

Complex Challenges in Health Care Delivery

The Health Recovery Services Administration faces different kinds of service delivery challenges. While expanding our chemical dependency treatment capacity under a legislative mandate, we ran into issues including regional shortages of chemical dependency professionals, time-limited federal funding mechanism, and not having enough resources to serve clients with co-occurring mental health and substance abuse problems. We are taking actions to address these issues.

For mental health services, the 2006 supplemental budget will allow us to increase housing for persons with serious mental illness, open wards in the state hospitals, and strengthen utilization review for community and state hospital usage. The federal funded transformation project will also increase consumer driven services and evidence based mental health care. Because some Regional Support Networks may be unable to meet the new standards, we are exploring options to contract with other entities best suited to deliver quality mental health services and management.

A study shows that the number of active health care providers increased 3.8% from an average of 13,247 in Fiscal Year 2003 to 13,746 in Fiscal Year 2004. This is a continuation of a trend between 1998 and 2004. Overall, 70% of the office visits are provided by only 25% of the active providers. Numbers of specialty providers in certain counties have reduced. We will closely monitor these trends and take actions as needed.

FACILITY AND INFRASTRUCTURE CAPACITY

An increasing number of complex challenges is effecting the ability of DSHS to provide safe and secure residential facilities for clients and the staff who serve them. These challenges include: changes in institutional census demands, changing demographics in the state's population, emerging needs of community based programs, and fluctuations in available state and federal funding create a dynamic environment that must be addressed in long range planning.

In recent years, planning for adequate facilities (state owned and leased) has also been impacted by land use regulations at the state and local levels, as well as a desire by local jurisdictions to closely scrutinize the potential impact of DSHS facilities in their communities. Increased community focus on DSHS activities in their midst adds another dimension to the planning and execution of capital and leased facility projects.

Institutional Capital Capacity

Facility Changes Required for 2007-2011

DSHS' institution facilities should be able to meet the census demands at our institutional campuses. Institutional populations fluctuate with any number of factors: treatment modalities, crime rates, court rulings, new legislations, etc.

However, significant capital projects can take three to five or more years to implement. As part of our strategic planning process, it's critical for us to identify census trends and the service needs of our facilities as early as possible.

DSHS programs have proposed a number of building renovation, remodel and new construction projects for 2007-2011 to respond to their service needs.

Division of Developmental Disabilities: (1) cottage renovations and upgrades at Frances Haddon Morgan Center and Lakeland Village, and (2) a new maintenance building at Yakima Valley School.

Juvenile Rehabilitation Administration: (1) remodel of the multi-services building at Maple Lane School, (2) cottage renovations and remodels at the Echo Glen Children's Center and Naselle Youth Camp, (3) renovation of the recreation buildings at Green Hill School and Maple Lane School, (4) a new Intensive Management Unit, Health Center, Administration Building and Cultural & Spiritual Center at Green Hill School, (5) a new entry/security/visiting building at Maple Lane School, and (6) a new maintenance building at Naselle Youth Camp.

Mental Health Division: (1) renovations and remodels of the administration buildings and activity-therapy building at Eastern State Hospital (ESH), (2) a new kitchen and commissary building at Western State Hospital (WSH), (3) a new activity and therapy building at the Child Study and Treatment Center, (4) a new 48-bed children's facility at the WSH, (5) maintenance shops remodel and addition at the WSH, and (6) new Nora Flooring in the geriatric ward at WSH.

Special Commitment Center on McNeil Island: (1) expanded residential capacity, (2) kitchen, boiler and utility upgrades, (3) facility-wide telecommunication systems and infrastructure upgrades, and (4) a new warehouse.

Facility Improvements and Upgrades

Significant improvements and upgrades are required on infrastructure and utility systems at many of our institutions.

- Storm Systems, Sanitary Sewer Systems: Echo Glen Children's Center, Eastern State Hospital, Frances Haddon Morgan Center, Lakeland Village, Rainier School, Special Commitment Center, and Western State Hospital.

- Water Distribution System Upgrades: Echo Glen Children's Center and Rainier School.

- Steam Boilers, Steam and Condensate Distribution Systems: Eastern State Hospital, Rainier School, and Special Commitment Center.

Pressing Maintenance and Operations Needs

The department operates 21 institutional campuses encompassing more than 3.5 million square feet of space. These campus buildings and utility systems require regular maintenance attention to repair failed systems, continue efficient operations and preserve the life of the assets. Additional operating dollars need to be devoted to plant maintenance, and a good portion of our maintenance dollars should to be used for preventative maintenance activities.

Leased Facility Capacity

Leased Facility Processes in 2007 – 2011

Implementation of the Statewide Leased Facility Model will continue in 2007. Integral to the Model is the development of Leased Facilities Strategic Plans for all DSHS regions and Headquarters that are reviewed and revised annually. Completion of strategic plans for all regions is anticipated by December 2006 at which time the framework for managing leased space throughout the state will be complete.

Inter-program coordination and cooperation within DSHS regions will continue to increase through the collaborative efforts of headquarters facilities managers, Regional Administrators and Regional Business Managers who are the primary participants in the development of long range strategies to obtain and manage appropriate office space in each region and Headquarters.

Identifying and Responding to Regional Needs

Emergent needs for leased space by DSHS programs can be driven by shifts in client caseload, changes in funding, and Legislative direction. Legislation providing for increased staff in Children's Administration throughout the state in FY07 will be addressed during the formulation of regional strategic plans, or in plan revisions where necessary. Coordination and cooperation between DSHS and the Department of General Administration will continue to increase in order to improve the efficiency of the leasing process in response to regional needs for additional leased space.

Strengthen Partnerships with Local Governments

There is an increased need for community residential options for persons who require care and services. At the same time, there are increased community demands for restrictions on the locations and operations of licensed and certified residential facilities that serve the department's clients. The department will continue to coordinate with local governments to educate communities on the need for appropriate residential options for persons who need services and to ensure that local zoning regulations allow such housing consistent with state and federal fair housing and growth management laws.

DIVERSITY & CULTURAL COMPETENCY

Respond to the Needs of Our Diverse Population

As the largest state agency and one that provides human services to one out of every five individuals in the state, DSHS is making diversity a priority, which presents an opportunity for us to better respond to the needs of the diverse population we serve.

Our challenge is to develop organizational processes and policies that are inclusive of cultural diversity. Currently we are building partnerships to address diversity in two critical areas: workforce and client services.

Diversity in Workforce

Our goal is to provide equal employment opportunities for historically underrepresented groups in all job classifications and throughout all administrations and management teams. As of January 2005, there are 3,929 or 23% of department employees who are from affected groups* (ref. WAC 357-01-005). This percentage is higher than the state government average (18%).

However, we have identified a need to increase employee diversity in management and executive level positions. We are expanding our recruitment to model our employee base with the local population. We are taking efforts to integrate the most talented people into our workforce. We expect them to understand and effectively manage local operational challenges.

Diversity in Client Services

The primary goal of diversity planning in the area of client services is to achieve desirable outcomes for the varied diverse populations and address the disproportionate levels of services to clients. We have examined disparities in health care outcomes, such as mortality rates, inappropriate emergency room use or hospitalization, patterns of pharmaceutical use, and low birth weight.

We have also examined variations in risk factors, such as access to care, unmet mental health or alcohol/drug treatment needs, and quality of care, for some outcomes and groups, and plan to carry out more such analyses in the upcoming year.

Cultural Competency

Cultural Competency refers to the ability of an individual or the capacity of an organization to respect and affirm cultural differences in order to serve diverse communities more effectively.

DSHS is working to review more data and to better identify gaps in addressing diversity in workforce and client services. To embrace an organizational culture that can effectively serve and understand the needs of our diverse population, it's necessary to have a culturally competent workforce that is sensitive to the on-going trends and changes that affect service delivery to our customers.

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* **Affected groups** (ref. WAC 357-01-005) are those groups that must be included in affirmative action plans and updates and who may be beneficiaries of affirmative action programs. Affected groups include: Blacks, Asians, Pacific Islanders, Hispanics/Latinos, American Indians/Alaska Natives, women, persons age 40 and over, persons with disabilities, Vietnam-era veterans and disabled veterans. Employers must use the most current federal definitions and categories in their plans and updates.

Appendices

APPENDIX 1 – STATUTORY AUTHORITIES

APPENDIX 2 – WORKFORCE DEVELOPMENT PLAN

APPENDIX 3 – INFORMATION TECHNOLOGY STRATEGIC PLAN

APPENDIX 4 – INSTITUTIONAL FACILITY PLAN

APPENDIX 5 – INDIAN POLICY PLAN

Appendix 1 ● Statutory Authorities

Aging and Disability Services Administration

- The Federal Older American's Act authorizes a network of local Area Agencies on Aging (w/citizen advisory councils), as well as home/community services.

- Title XIX of the Social Security Act authorizes nursing facility services and the COPES, Medically Needy, and DD waivers, authorizing home and community-based services as an option to nursing facility or institutional services.

- Titles XVIII & XIX of the Social Security Act authorize Nursing Facility Survey to ensure consumer protection and quality of care.

- 42 CFR 483.400 authorizes services in Intermediate Care Facilities for the Mentally Retarded.

- Americans with Disabilities Act of 1990 (ADA) ensures equal access for individuals with disabilities.

- Public Law 105-17; The Individuals with Disabilities Education ACT (IDEA), Part C governs Infant, Toddler Early Intervention Services.

- 34 CFR 303 regulates the Early Intervention Program for Infants and Toddlers with Disabilities.

- RCW 74.04.025 authorizes services for Limited English Proficient applicants and recipients of services.

- RCW 74.39.050 authorizes self-directed care.

- RCW 18.51 authorizes the nursing facility license functions.

- RCW 18.20 authorizes the boarding home license functions.

- RCW 74.46 authorizes the nursing facility payment system.

- RCW 74.42 authorizes nursing facility case management associated with voluntary relocation of residents who wish to be served in community settings.

- RCW 74.39 authorizes in-hospital LTC assessment.

- RCW 74.39A authorizes COPES Medicaid Waiver, assisted living, personal care, chore services, Adult Residential Care and LTC quality improvement.

- RCW 70.128 authorizes the Adult Family Home program.

- RCW 74.39A authorizes in-home case management by Area Agencies on Aging.

- RCW 70.195 establishes the State Interagency Coordinating Council for Infants and Toddlers with Disabilities and their families. It also establishes County Interagency Coordinating Councils and requires state and local interagency agreements to define early intervention roles and responsibilities.

- RCW 74.14A establishes policy for emotionally disturbed and mentally ill

children, potentially dependent children, and families in conflict:

- RCW 74.38 (The State Senior Citizens' Services Act) authorizes home and community-based services.
- RCW 74.34 governs protection of vulnerable adults from abuse and neglect.
- RCW 74.41 authorizes Respite Services and the Family Caregiver Support Program.
- RCW 18.18A authorizes delegation of selected nursing functions.
- RCW 71A provides for services to persons with developmental disabilities.
- Washington State Constitution - Article XIII, Section 1 authorizes institutions for the benefit of person who are developmentally disabled.

Children's Administration

- RCW 13.32 authorizes Family Reconciliation Services, voluntary services and assistance for parents and children who are in conflict.
- RCW 13.34 mandates the coordination of services to parents and children in child dependency cases.
- RCW 26.33 authorizes adoption to provide stable homes for children.
- RCW 26.44 authorizes protection of children from abuse and neglect while preserving family integrity to the maximum extent possible.
- RCW 26.50.150 authorizes certification of programs providing treatment of perpetrators of domestic violence.
- RCW 70.123 authorizes minimum standards and contracts for the provision of safe emergency shelter and/or safe homes for victims of domestic violence and their children.
- RCW 74.13 authorizes a comprehensive and coordinated program of public child welfare services for children who require guidance, care control, protection, treatment or rehabilitation to safeguard, protect and contribute to the welfare of children.
- RCW 74.13.100-159 authorizes Adoption Support, a program to encourage the adoption of hard-to-place children.
- RCW 74.14A authorizes Children and Family Services and mandates that state efforts shall address the needs of children and their families, including services for emotionally disturbed and mentally ill children, potentially dependent children and families in conflict.
- RCW 74.148 authorizes children's service worker and foster parent training, services for child victims of sexual assault, use of multi-disciplinary teams and therapeutic child day care and treatment services.
- RCW 74.14C authorizes Preservation Services, the provision of family preservation services and intensive family preservation services to prevent child dependency and to facilitate the reunification of children with their families.
- RCW 74.15 authorizes Foster Care Licensing and directs the department to safeguard the health, safety and well-being of children and developmentally

disabled persons receiving care away from their own home, strengthen and encourage family unity and sustain parental rights and responsibilities by providing foster care.

Economic Services Administration

Aid to Needy Families & Individuals

- Title IV-A authorizes the Temporary Assistance for Needy Families (TANF) program and gives states wide flexibility to design TANF in ways that promote work, responsibility and self-sufficiency.

- Title XII establishes the eligibility criteria and benefit levels for the federal Food Stamp Program as created by the Food Stamp Reauthorization Act of 2002.

- Title XIII imposes eligibility restrictions upon qualified and non-qualified aliens to TANF, SSI, and Food Stamp benefits imposed under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, P.L. 104-193.

- Title XI authorizes the federal Department of Health and Human Services to provide temporary assistance to U.S. citizens who have been returned from foreign countries. The law specifies the conditions under which the funds can be used.

- Title XVI establishes federal funding for the Supplemental Security Income Program to provide financial assistance to aged, blind, and disabled persons with limited income and resources.

- PL 96-212, Refugee Act of 1980, amends the Immigration and Nationality Act to provide for the admission and resettlement of refugees. The law and its amendments also authorize federal assistance to states for the resettlement of refugees.

- P.L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, gives states choices in how to structure their welfare programs. Federal funding is provided in the form of the Temporary Assistance to Needy Families (TAN F) block grant, and is fixed at the same level for five years. PRWORA provides new federal child care funds, reauthorizes the Child Care and Development Block Grant (CCDBG), and requires these combined funds to be administered as a unified program under the Child Care and Development Fund (CCDF).

- P.L. 105-33, Balanced Budget Act (BBA) of 1997, makes changes and implements numerous technical corrections to the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, P.L. 104-193.

- PL 107-171, Food Stamp Reauthorization Act of 2002, reauthorizes the federal Food Stamp Program to provide for improved levels of nutrition among low-income households by supplementing households' food purchasing power.

- 7 CFR, Chapter II, Food Stamp and Food Distribution Program that implement the provisions of the Food Stamp Act of 1977, P.L 88-525.

- 45 CFR, Part 260, Temporary Assistance for Needy Families Program (TANF), implements the cash assistance, work participation, and data reporting requirements of the federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, P.L. 104-193.

- 47 USC Sec. 254, Universal Service Telecommunications Act of 1996, gives states the option to provide telephone assistance to low-income individuals and families, and provides guidelines on subsidy amounts and payments to telephone companies.

- RCW 74.04 establishes DSHS as the single state agency to establish and administer public assistance programs in accordance with federal law.

- RCW 74.08 authorizes DSHS to provide financial assistance and services in accordance with federal rules on behalf of persons who are aged, blind or disabled.

- RCW 74.08A.040 directs DSHS to provide tribes with ongoing, meaningful opportunities to participate in the development, oversight, and operation of the WorkFirst program.

- RCW 74.12 authorizes DSHS to administer WorkFirst, the state's Temporary Assistance for Needy Families (TANF) cash assistance and welfare-to-work program.

- RCW 74.25A, Employment Partnership Program Act, establishes a voluntary program using public wage subsidies and employer matching salaries to create new jobs with livable wages and promotional opportunities for the chronically unemployed and underemployed persons.

- RCW 80.36.470 establishes a telephone and community voice mail assistance program for adults receiving ongoing financial, food or medical assistance from DSHS.

Child Care

- 45 CFR, Parts 98 and 99, Child Care and Development Fund, Implements the child care provisions of the federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, and requires that child care funds be administered as a unified program, defined as the Child Care and Development Fund (CCDF). Provides standards for family eligibility, co-payments, equal access to care, and the allowable use of the funds.

- RCW 74.12 340 authorizes the department to promulgate rules governing child care and to determine the need of giving preference for services to those with the greatest child care need based on geographical area or based on low-income groups. Also gives authority to establish parental participation in the cost (copayments).

- RCW 74.13 authorizes DSHS to provide child care subsidies to TANF and other low-income working families, and provide services and build partnerships aimed at building a system of quality, affordable child care.

- RCW 74.15 provides DSHS with the authority to promote the development of a sufficient number and variety of adequate child care facilities; provide consultation to agencies caring for children in order to help them to improve their methods of care; license agencies; and assure the users of the licensed

agencies that adequate minimum standards are maintained by all agencies caring for children.

Child Support Enforcement

- Title IV-D, Child Support Enforcement, 45 CFR 300-310, provides federal funds to states for the purpose of establishing and enforcing child support and medical insurance obligations owed by non-custodial parents for their children and to the custodian of the children with whom the children are living. State IV-D programs also locate non-custodial parents and their assets, establish paternity and orders of support, ensure private medical insurance is provided wherever possible and collect and distribute support on such cases, including those where families receive TANF.

- 28 USC 1738B requires courts of all U.S. territories, states and tribes to accord full faith and credit to a child support order issued by another state or tribe that properly exercised jurisdiction over the parties and the subject matter.

- 42 USC 654 (33) authorizes states to enter into cooperative agreements with Indian tribes or tribal organizations.

- RCW 26.09 establishes a requirement for parents to support their children.

- RCW 26.18 authorizes DSHS to enforce child support obligations and supplements RCW 74.20A.

- RCW 26.19 establishes a child support schedule to insure that child support orders are adequate to meet a child's basic needs and to provide additional child support commensurate with the parents' income, resources, and standard of living.

- RCW 26.21, Uniform Interstate Family Support Act, governs child support actions and case processing in cases involving parents who reside in different states. See also RCW 26.21A, effective January 1, 2007.

- RCW 26.23 creates the Washington State Support Registry and authorizes DSHS to create a centralized registry for the recording and distribution of child support.

- RCW 26.25 encourages DSHS and Indian Tribes to enter into cooperative child support agreements to provide culturally relevant child support services.

- RCW 26.26 governs every determination of parentage in Washington

- RCW 74.20 authorizes DSHS to enforce child support obligations.

- RCW 74.20A provides DSHS with administrative authority to establish and enforce child support obligations.

Health and Recovery Services Administration

- Title II, XIX and XXI of the Social Security Act [Title 42, U.S. Code (USC)]

- Titles 20 and 42 Code of Federal Regulations (CFR)

- Article III - Creation of Executive Departments.
- Article XIII - Provisions regarding protection of vulnerable populations.
- Article XX - Provisions regarding public health, medicine and drugs.
- RCW 74.04 - Medical Assistance Program's miscellaneous authority.
- RCW 74.09 - Enabling statute for the Medical Assistance Program.
- RCW 74.09A - Coordination of benefits provisions of Medical Assistance.
- RCW 43.17.120 and 43.17.130 - MAA's designation as the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) disability determination agency for the state.
- Title 388, Washington Administrative Code (WAC)

Division of Alcohol and Substance Abuse (DASA)

- Code of Federal Regulations 42 Part 8, Certification of Opioid Treatment Programs, Subpart A, Accreditation, Section 8.4, Accreditation body responsibilities - DASA is now a federal Substance Abuse and Mental Health Services Administration-approved body that accredits agencies providing opiate substitution treatment.
- Code of Federal Regulations 42 Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, provides that DASA and all chemical dependency prevention and treatment programs, and all those who provide services to individuals affected by alcohol or others drugs are under strict restrictions not to disclose information with respect to patients without written consent, subject to certain exceptions.
- RCW 70.96A.050 sets forth 17 requirements for the Department related to the provision of substance abuse prevention, intervention, treatment, and support services.
- RCW 70.96A.090 requires the department to adopt rules establishing standards for approved treatment programs, to periodically inspect the programs, and to maintain and periodically publish a current list of approved programs.
- RCW 70.96A.350 establishes the Criminal Justice Treatment Account (CJTA), administered by DASA, with funds distributed to provide judicially supervised substance abuse treatment for offender in lieu of incarceration.
- RCW 70.96B: Treatment for alcoholism, intoxication and drug addiction pilot programs.
- RCW 74.50, Alcoholism and Drug Addiction Treatment and Support Act (ADATSA), establishes a system of assessment, treatment, and shelter for incapacitated alcoholics and drug addicts with a goal of employment and self-sufficiency.
- RCW 10.05, the Deferred Prosecution statute, requires assessments, treatment, and reports to be made by DASA-certified chemical dependency treatment providers.

- RCW 43.20A.890 establishes a program for the prevention and treatment of problem and pathological gambling.

- RCW 46.61.5056 requires individuals convicted of a Driving Under the Influence (DUI) offense to complete a diagnostic assessment and any program of recommended treatment, ranging from alcohol/drug information school to intensive residential treatment. DASA sets the standards for and is responsible for approving these programs.

- RCW 49.60 prohibits discrimination because of race, creed, color, national origin, gender, marital status, age, or the presence of any sensory, mental, or physical handicap. It ensures access to culturally diverse, sensitive, and aware services, and reasonable accommodations for persons with disabilities.

- RCW 18.205 defines the state certification requirements for chemical dependency professionals (CDPs). The certification program is under the authority of the Secretary of the Department of Health. Those providing counseling services in DASA-certified programs are required to be CDPs or CDP trainees.

Mental Health Division

- RCW 10.77 provides for the commitment of persons found incompetent to stand trial or acquitted of a crime by reason of insanity, when found to be a substantial danger to other persons or that there is a likelihood of committing acts jeopardizing public safety or security unless under control by the courts, other persons, or institutions. Also provides an indigent person's right to be examined by court appointed experts.

- RCW 71.05 provides for persons suffering from mental disorders to be involuntarily committed for treatment and sets forth that procedures and services be integrated with Chapter 71.24 RCW.

- RCW 71.24 authorizes community mental health programs through county-based regional support networks that operate systems of care.

- RCW 71.32 authorizes mental health advance directives.

- RCW 71.34 authorizes mental health services for minors, protects minors against needless hospitalization, enables treatment decisions to be made with sound professional judgment, and ensures minors' parents/guardians are given an opportunity to participate in treatment decisions.

- RCW 72.23 authorizes Eastern and Western psychiatric state hospitals for the admission of voluntary patients.

- RCW 74.09 authorizes medical services, including behavioral health care, for recipients of federal Medicaid as well as general assistance and alcohol and drug addiction services.

- RCW 38.52 authorizes the administration of state and federal programs for emergency management and disaster relief, including coordinated efforts by state and federal agencies.

Juvenile Rehabilitation Administration

- Article XIII of the State of Washington Constitution provides the basic legal authority for the JRA. RCW Title 13, Juvenile Courts and Juvenile Offenders, and RCW Title 72, State Institutions, provide the primary statutory authority for facilities and programs.

- RCW 13.06 consolidated Juvenile Services Programs and local court services to pre-commitment juveniles and authority for alternative sentences for juveniles who are eligible for JRA commitment.

- RCW 13.24, the Interstate Compact on Juveniles, establishes a process to ensure the provision of probation and parole supervision when adjudicated juveniles move between states.

- RCW 13.40, the Juvenile Justice Act of 1977 establishes a system of accountability and rehabilitative treatment for juvenile offenders.

- RCW 13.80.010 through 13.80.050, Learning and Life Skills Centers, establish alternative high school programs, operated by school district staff, for JRA juveniles in community programs needing additional structure and individualized instruction.

- RCW 28A.190, Residential Education Programs, establishes the authority and guidelines for school/educational programs within JRA.

- RCW 72.05, Residential Programs, establishes the authority for the operation,

- supervision, management, and control of JRA residential programs.

- RCW 72.16 authorizes the operation of the Green Hill School.

- RCW 72.19 authorizes the operation of the Echo Glen Children's Center.

- RCW 72.20 authorizes the operation of the Maple Lane School.

- Several federal courts have found that juveniles have a constitutional right to treatment rather than punishment alone - Morgan v. Sproat, 432 F. Supp. 1130 (Miss. 1977); Training School v. Affleck, 344 F. Supp. 1354 (D.R.I. 1972).

Public Affairs

Office of *Deaf and Hard* of *Hearing*

- Americans with Disabilities Act of 1990 mandates reasonable accommodations for people with disabilities to ensure access to and full participation in services offered by government and businesses and to provide equal employment opportunities, as well as establishing for the provision of telecommunications relay services.

- Rehabilitation Act of 1973, Section 504, mandates reasonable accommodations for people with disabilities to allow full access to and participation in public and private programs and services receiving federal funds.

- Individuals with Disabilities Education Act mandates provision of a free and appropriate education to all children with disabilities.

- Telecommunication Act of 1996, as amended, Section 225, mandates establishment of relay services for persons who are deaf or hard of hearing; Section 255 requires that telecommunications service providers and manufacturers ensure that their telecommunications services and products are usable to the greatest extent possible by persons with disabilities.

- RCW 43.20(A).720 authorizes the Office of the Deaf and Hard of Hearing, under the auspices of the Department of Social and Health Services (DSHS), to administer and fund for the provision of telecommunication services and distribution of specialized telecommunication equipment. It also allows for the provision of reasonable accommodations on behalf of DSHS.

- RCW 43.19.190 authorizes DSHS to purchase sign language interpreter services on behalf of people with hearing loss who are applicants and recipients of public assistance.

- RCW 49.60 mandates the provision of reasonable accommodations for people with disabilities in places of employment, government and businesses.

Special Commitment Center

- RCW 71.09, Sexually Violent Predators, authorizes Special Commitment Center to provide care, control and treatment to committed sexually violent predators that have completed a prison term.

Division of Vocational Rehabilitation

- United States Code at 29 USC 701 et al. Seq., Public Law 102-569, provides that the Washington Division of Vocational Rehabilitation is the Designated State Unit (DSU) to receive federal funds under the Rehabilitation Act of 1973, as amended. The Rehabilitation Act appears as Title IV of the Workforce Investment Act of 1998. The law and its amendments specify the way in which funds will be used for the vocational rehabilitation of eligible individuals with disabilities. The code of federal regulations (CFR) outlining program authority and requirements is in Title 34 CFR, Section 361.

- RCW 74.29 establishes the purpose of the Division of Vocational Rehabilitation, which is to (1) rehabilitate individuals with disabilities who have a barrier to employment so that they may prepare for and engage in gainful occupation; (2) provide persons with physical, mental, or sensory disabilities with a program of services which will result in greater opportunities for them to enter more fully into life in the community; (3) promote activities which will assist individuals with disabilities to become self-sufficient and self-supporting; and (4) encourage and develop community rehabilitation programs, job support services, and other resources needed by individuals with disabilities.

Management Operations

Federal Laws

- National Fire Codes.
- Occupational Safety and Health Act (OSHA).
- National Institute of Occupational Safety and Health (NIOSH).
- Titles VI and VII of the Civil Rights Act of 1964 as amended in 1972.
- The Civil Rights Act of 1991.
- Sections 503 and 504 of the Rehabilitation Act of 1973 as amended.
- The Americans with Disabilities Act of 1990.
- The 1974 Vietnam Era Veterans Readjustment Assistance Act.
- The Age Discrimination in Employment Act of 1967.
- The Age Discrimination Act of 1975.
- The Food Stamp Act of 1977.
- Federal Executive Order 11246, as amended by Executive Order 11375.
- Code of Federal Regulations, Title 45 Part 46, mandates federal humans subject protection regulations.

State Laws

- RCW 4.92 - Authorizes Tort Claims.
- RCW 10.93.020(2) – Defines a limited authority for DSHS to perform the law enforcement functions.
- RCW 10.97.030(5) and (6) - Defines a "criminal justice agency" and "the administration of criminal justice" for purposes of obtaining criminal history record information. DFI is certified as a criminal justice agency by the Washington State Patrol in accordance with this definition.
- RCW 13.04.116 - Prohibits holding juveniles in jail.
- RCW 13.40.220 - Authorizes recovery for Juvenile Rehabilitation.
- RCW 36.70A.01O - governs housing for populations with special needs and siting essential public facilities.
- RCW 41.06 - Establishes State Civil Service Law.
- RCW 41.56 - Establishes rules and regulations regarding public employee collective bargaining and labor relations.
- RCW 41.80 – Authorizes State collective bargaining.
- RCW 43.105 – Provides for coordinated planning and management of state information services.
- RCW 43.19 - Authorizes Risk Management.
- RCW 43.20A - Creates DSHS and outlines the laws governing the

establishment and operations of DSHS.

- RCW43.20A.360 - Authorizes committees and councils.

- RCW 43.20B - Authorizes financial recovery.

- RCW 43.121 - Establishes in the executive office of the Governor a Washington Council for Prevention of Child Abuse and Neglect (WCPCAN).

- RCW 43.121.100 - Establishes the Children's Trust Fund as a separate treasury to receive public and private donations. Disbursements of funds from this account are authorized by WCPCAN.

- RCW 43.121.140 - Directs WCPCAN to 'conduct a proactive public information and communication outreach campaign regarding the dangers of shaking infants and young children, the causes and prevention of shaken baby syndrome.

- RCW 43.88 - Establishes a state budgeting, accounting and reporting system for all activities of state government.

- RCW 49.60 - Establishes Anti-Discrimination Laws.

- RCW 51 - Establishes Industrial Insurance Laws.

- RCW 74.04.011 - Establishes the DSHS Secretary's authority related to personnel matters.

- RCW 74.04.015 - Authorizes the administration of, and the disbursement of all funds, goods, commodities and services of DSHS.

- RCW 72 and RCW 79.01 et seq. - Authorizes the management of institutional lands.

- RCW 70.02 requires the approval of a standing Investigation and Review Board in selected state agencies for disclosure of a health care provider's patient records for research.

- RCW 42.48 authorizes selected state agencies to disclose identifiable records for research without consent is conditioned on the agency having a standing Investigation and Review Board to review and approve research.

- Washington Industrial Safety & Health Act (WISHA).

- WAC 18-208 & 12 - Authorizes employee benefits.

- WAC 263-12, WAC 296-24, WAC 296-62 - Occupational Safety and Industrial Insurance Appeals.

- WAC 356 - Merit System Rules.

Appendix 2 ● Workforce Development Plan

EXECUTIVE SUMMARY

The DSHS Workforce Development Plan links people resources with strategic goals and objectives to improve business performance and develop an organizational culture that fosters innovation and flexibility. DSHS is committed to providing exceptional, innovative and comprehensive human resource services in strategic partnership with, and in support of its programs.

The vision of the Human Resources Division (HRD) within DSHS is to create partnerships with the Administrations resulting in a foundation that will sustain a productive, high performing workforce, which supports DSHS in carrying out its mission. The Human Resources Division within DSHS actively supports DSHS in acquiring, aligning, equipping and maintaining qualified staff, ultimately resulting in the citizens of Washington State receiving efficient, cost effective government services.

Based on the Department of Personnel's (DOP's) logic model contained in their "HR Report Card" to the Governor, DSHS has adopted the following human resources goals in support of the agency:

- **Plan and Align the Workforce**: Establish a foundation to build and sustain a productive and high performing workforce. This includes ensuring that workforce levels, competencies and strategies are aligned with agency priorities and that managers' expectations are communicated and understood.

- **Hire the Workforce**: Hire the right people in the right job. This is accomplished by hiring the best qualified candidates and reviewing performance, especially during the appointment period.

- **Deploy the Workforce**: Employees are motivated and productive. The workplace is safe, allowing employees to do their jobs, fostering productive relations. Employees know job requirements, how they are doing and feel supported.

- **Develop the Workforce**: Employees have the skills to do their present job and are afforded opportunity for career advancement. A learning environment is created and employees seek to learn and participate in development opportunities.

- **Reinforce Performance**: Employees are held accountable for their work performance, to include reinforcing and strengthening successful performance. Employees understand how their performance contributes to the success of DSHS.

By the very nature of the services it provides, DSHS accomplishes its objectives primarily through its people. The Human Resources Division within DSHS provides a broad spectrum of expert consultative and technical services, enabling DSHS to manage its most precious asset – its employees. By adopting the goals listed above, DSHS' Workforce Development Plan is aligned with, and supports DSHS's mission: To improve the quality of life for individuals and families in need.

GUIDING DIRECTION

MISSION:

- DSHS: To improve the quality of life for individuals and families in need. We will help people achieve safe, self sufficient, healthy and secure lives.

- HRD: As an integral part of DSHS, HRD provides exceptional human resource services that enable DSHS to maintain a diverse, competent, and committed workforce, thus supporting DSHS in carrying out its mission.

VISION:

DSHS is committed to meeting the human resource needs and challenges of our internal and external customers and to being a leader in human resources, by partnering with our customers to:

- Understand our customers as individuals and learn their business needs, challenges and priorities to assist them in achieving their goals.

- Assist them in meeting their specific program purpose and mission, as well as those of DSHS and Washington State government.

- Identify creative and innovative options for even the most difficult problems and challenges.

- Demonstrate the highest standards of performance, professional conduct and ethical behaviors.

- Embrace the challenges within the Personnel System Reform Act in a manner that provides DSHS management and staff with exceptional support before, during and after the implementation of the Act.

GUIDING PRINCIPLES/CORE VALUES:

The Human Resources Division within DSHS values our customers, both internal and external. We are dedicated to treating our customers with courtesy, respect and understanding.

We demonstrate this by providing timely and accurate information and consultation services, providing value added process facilitation and by going the "extra mile" to resolve issues and concerns.

STATUTORY AUTHORITY:

Revised Code of Washington (RCW) 41.80.

TRENDS IN CUSTOMER NEEDS:

- With the changes brought about by the Personnel System Reform Act, there is an increase in the need for HR consultation and services.

- One of the changes brought about by the PSRA is how hiring is done. There is a great demand for partnering/assistance with the recruitment process.

- Customers need quality services delivered in a more value added and timely fashion.

- There have been many changes in the way we do business, as a result of the Master Agreements. This has increased the demand for training in various areas such as the Family Medical Leave Act (FMLA), Just Cause, and attendance, just to name a few.

- In Fiscal Year 2005, DSHS paid out $1,530,211 in defense costs for employment claims. This is an increase in cost of $187, 273 from Fiscal Year 2004. This emphasizes the need to ensure that DSHS is providing quality training aimed at reducing such risks.

EXTERNAL PARTNERSHIPS:

DSHS continues to work closely with the Department of Personnel (DOP), Office of Financial Management/Labor Relations Office (OFM/LRO), the Public Employment Relations Commission (PERC) and the Attorney General's Office (AGO). With the implementation of PSRA, the state has become "one employer." What one agency does has the potential of affecting all agencies. This has increased the need for DSHS to work more closely than ever with its external partners. As an example, rather than work with the unions independently as in the past, the need to coordinate with OFM/LRO is critical to ensuring the smooth administration of the Master Agreements.

STAKEHOLDER INPUT:

DSHS collects and responds to stakeholder input through a variety of means, to include the PSRA Advisory Group, Recruitment Committee, WMS Banding Committee, HR Design Team, the Training Advisory Steering Committee and the Assistant Secretaries. These groups include representation in all areas of DSHS, providing input from and dialog with our stakeholders.

FUTURE CHALLENGES/OPPORTUNITIES:

The PSRA provided for full-scope collective bargaining. The 2005-07 master collective bargaining agreements, which cover 89% of DSHS employees, restored significant management control and flexibility and have the potential for substantial cost savings as well. The new Civil Service Rules also gave agency management more flexibility than in the past. This has heightened the need for consistency in the actions taken, as these agreements cover 33 other state agencies.

As a result, demand on human resources services has increased and staffing and other resources have decreased. The current ratio of HR staff to employees is 1:562, with some areas being significantly higher. According to DOP, the ideal ratio is 1:100.

In addition to providing customers with training and consultation on the changes brought about by the PSRA, we will now also be in contract negotiations every two years and must implement the Human Resource Management System (HRMS) within DSHS.

Also, the way recruitment is done has changed, requiring significantly more time and resources to accomplish.

In a proactive response to the increasing needs of the Department, in August of 2005, HRD, with input from the administrations, developed strategic initiatives, based upon DOP's goals contained in their "HR Report Card" to the Governor. From these initiatives, service delivery standards were developed in support of DSHS. These were shared with and agreed upon by the Administrations.

GOALS, OBJECTIVES, STRATEGIES, METHODS AND MEASURES

In support of DSHS, Human Resources staff will proactively advise and assist customers, providing value added human resource delivery services to DSHS, within the timeframes outlined in the delivery service standards in the following areas:

Goal: Plan and Align the Workforce

Objective: **Establish a foundation to build and sustain a productive and high performing workforce**

Strategies:
- Ensure that workforce levels, competencies and strategies are aligned with agency priorities and that managers' expectations are communicated and understood
- Proactively advise management on HR issues, risks, trends, decisions and policies

Methods:
- Participate in planning sessions with managers/supervisors
- Work with managers/supervisors to ensure position description forms are up-to-date
- Coordinate with other partners, (i.e. Budget, IT, payroll, etc.)
- Provide HR tools to managers
- Coordinate with Unions as appropriate
- Support efforts to mitigate risks

Performance Measures:
- Percent of employees with current position descriptions, to include skills and abilities
- Percent of supervisors with current performance expectations for workforce management

Goal: Hire the Workforce

Objective: Hire the right people in the right job

Strategy:
- Serve as process facilitators to ensure the best possible candidate is offered the position as a result of a legally defensible recruitment and selection process

Methods:
- Facilitate the transition to e-recruitment, to include conducting training, participating in role mapping, and provide consultation
- Work with DSHS management and DOP to transition the certification process completely to DSHS from DOP
- Work with managers/supervisors in ensuring that performance is appraised during the review period
- Work with managers/supervisors to ensure that Position Description Forms (PDFs) are up-to date

Performance Measures:
- Time to fill permanent funded vacant positions
- Percent satisfaction from candidate quality
- New hire-to-promotional ratio
- Percent turnover during review period

Goal: Deploy the Workforce

Objective: **Employees are motivated and productive. The workplace is safe, allowing employees to do their jobs, fostering productive relations. Employees know job requirements, how they are doing and feel supported**

Strategy:
- Facilitate specialty support services for establishing and maintaining cooperative and effective relationships, to include all aspects of contract and civil service rule administration; some of these areas include, but are not limited to the application of the FMLA, facilitating the bid system, conducting employment investigations, consultation on reasonable accommodations, and consulting on allocation actions

Methods:
- Develop HRMS procedures and guidelines to enable end users to interact with HRMS
- Train HRMS end users, to include time and attendance processors, payroll processors and personnel administration processors
- Ensure that the Drug and Alcohol Free workplace training is reviewed and updated
- Finalize and keep current pre-employment drug testing instructions
- Ensure proper position allocation
- Facilitate the grievance process up to arbitration
- Continue to facilitate the Recruiting and Retention Committee
- Facilitate the layoff and recall process
- Conduct thorough and timely employment investigations
- Facilitate the reasonable accommodation process in a timely fashion

Performance Measures:
- Percent of employees with current performance expectations
- Employee survey ratings on "productive workplace" questions (DOP survey)
- Sick leave/unscheduled leave usage
- Overtime usage
- Number and type of non-disciplinary grievances

Goal: Develop the Workforce

   Objective: **Employees have the skills to do their present job and are afforded opportunity for career advancement. A learning environment is created and employees seek to learn and participate in development opportunities**

   Strategy:
- Partner with managers and supervisors to provide professional learning, organizational consulting and employee development opportunities

   Methods:
- Provide mandatory and other trainings, through OOED, both classroom and on-line
- Administer the Mentoring Program
- Consult with managers and supervisors on performance management and the Performance Development Plan (PDP)
- Consult with managers/supervisors and develop training as needed

   Performance Measures:
- Percent of employees with current individual development plans
- Employee survey ratings on "learning/development" questions (DOP survey)

Goal: Reinforce Workforce Performance

   Objective: **Employees are held accountable for their work performance, to include reinforcing and strengthening successful performance. Employees understand how their performance contributes to the success of DSHS**

   Strategy:
- Support managers and supervisors by providing consultation and services to assist them in working with staff and providing the tools needed to succeed and excel at their jobs

   Methods:
- Facilitate each aspect of the disciplinary process designed for rehabilitating staff and holding public employees accountable for service performance to the citizenry of Washington State
- Work in cooperation with the State Productively Board to administer the Teamwork Incentive Program (TIP) for DSHS
- Consult with managers and supervisors on drug/alcohol concerns
- Administer the Employee Suggestion Program

   Performance Measures:
- Percent of current performance evaluations
- Number/type of disciplinary issues and actions, disciplinary grievance dispositions
- Employee survey ratings on "performance accountability" (DOP survey)

Appendix 3 • Information Technology Strategic Plan

Executive Summary

The DSHS Information Technology (IT) Strategic Plan provides a vision and direction for information technology in DSHS. The plan focuses on implementing and sustaining business/technology solutions and services that support DSHS strategic goals and the Priorities of Government (POG).

The vision of IT at DSHS is a collaborative IT environment that:
- Delivers secure anywhere/anytime access to information and systems necessary to support services to clients; and
- Facilitates development of high-quality, data-driven business solutions across the department.

DSHS is planning and implementing several strategic initiatives in support of the IT vision and strategic goals.

o **Enterprise Architecture (EA):** The EA program provides a framework for decision-making and a common language that can be used across DSHS. The framework includes principles, models, processes, policies and standards within the areas of data, business processes and technology. The framework facilitates IT decision making within and between program areas. Completion of the various framework elements will be an ongoing effort with new activities undertaken as opportunities arise.

o **Common Client and Provider Data**: Service integration remains a significant business need and, as a result, remains a focus for IT. The department will continue to explore client and provider hub solutions that address common client and provider identifier issues within the Department. Other initiatives will look to maximize sharing of information between systems.

o **Secure IT Infrastructure**: Growing and maintaining a secure, robust and modern technology infrastructure remains a priority for the department. Technologies that allow secure access to employees using a variety of access methods and access media will be studied and implemented as appropriate.

o **Effective Project Management**: Building on work done in prior fiscal years, the use of effective project management practices will be promoted at various levels of the department. Policies, standards and practices that support project management, portfolio management, IT acquisition and investments and related areas will be developed and maintained.

Overall, the DSHS IT Strategic Plan provides a high-level road map for implementing enterprise wide IT initiatives that are aligned with the department's mission and strategic plan. In this way, DSHS IT supports the department as it helps people achieve safe, self sufficient, healthy and secure lives.

Chapter 1 ● Our Guiding Directions

MISSION

The mission of DSHS Information Technology (IT) is to collaborate with the DSHS business community to implement and sustain business/technology solutions and services used to improve the quality of life for individuals and families in need.

VISION

Our vision is a collaborative IT environment that:

- Delivers secure anywhere/anytime access to information and systems necessary to support services to clients; and

- Facilitates development of high-quality, data-driven business solutions across DSHS.

GUIDING PRINCIPLES

- Data, business processes and technology should be common when there is a clear business case.
- Data, business processes and technology should be designed around natural "information system" boundaries with tight coupling within "systems" and loose coupling between "systems."
- Where allowed by law, regulation, or policy, authorized users should have access to data for purposes of treatment, payment or operations.
- Data, business processes and technology should support linkages with external partners.
- Data, business processes and technology should have an identified business owner at the lowest level possible.
- DSHS systems and data should be accessible to those with disabilities.

PRIORITIES OF GOVERNMENT

DSHS IT activities support department IT strategies and objectives that support two department goals in the area of government efficiency. These goals, in turn, directly support the state Priorities of Government (POG).

STATUTORY AUTHORITY

- Revised Code of Washington (RCW) 43.105
- Information Service Board – Information Technology Portfolio Planning Policy

Chapter 2 ● Appraisal of the External Environment

POTENTIAL CHANGES IN THE ECONOMY THAT CAN AFFECT CLIENTS' NEEDS

▪ The state's financial situation may limit the options available to information technology (IT).

▪ The public continues to demand the governmental agencies do more with less. This puts additional pressure on DSHS to manage resources efficiently through automation.

▪ Downturns in the state's financial situation increase the number of clients needing services and often demands cuts in staffing. Automation of additional business processes is most critical when there is the least amount of resources available.

▪ The Department of Information Services is responsible for the State Government Network on which DSHS relies heavily. Any failure by DIS to stay in step with capacity needs could have an impact on DSHS' IT strategic plans.

▪ There is an increased trend to spend social service dollars on direct service delivery to clients, and less on administrative costs. Such a trend could place limits on IT budgets

▪ Executive branch mandates in the area of government accountability require DSHS IT to practice fiscal responsibility and be more efficient with current resources.

TRENDS IN DEMOGRAPHIC AND CUSTOMER CHARACTERISTICS

▪ Customers want quality services delivered in a more economical and timely fashion.

▪ Customers internal and external to the department will continue to demand expert services and IT solutions in order to meet diverse needs and priorities.

▪ Customers have become increasingly knowledgeable about technology. They look for more information available electronically and demand e-commerce solutions for their business needs. Additionally, customers of the department are demanding integrated information and services.

▪ There is increasing demand from customers for immediate response to their needs. They want their business needs taken seriously, to be part of the decision making process, and their resources used prudently.

ACTIVITIES LINK TO MAJOR PARTNERS

DSHS continues to work closely with the Department of Information Services (DIS) and other state agencies in the area of IT policy and planning. Examples of this collaboration

include participation in the statewide Enterprise Architecture Committee, the Project Management Framework Workgroup, the Customer Advisory Board (CAB), the Technical Infrastructure Committee, the Enterprise Active Directory Workgroup and the Washington Computer Incident Response Center (WACIRC).

Interaction with the Information Services Board (ISB) and the Office of Financial Management (OFM) occurs around high visibility IT projects that require special funding by the state legislature or to gain approval for IT projects with potential statewide impacts.

STAKEHOLDER INPUT

DSHS program areas involve stakeholders in the process of creating their strategic plans. These plans are reviewed for IT activities and help create the basis for the DSHS IT strategic plan.

In addition, representatives from the DSHS IT community participate in a workgroup that creates the first draft of the strategic plan. The DSHS IT Directors are then enrolled to finalize the plan.

FUTURE CHALLENGES AND OPPORTUNITIES

In the past few years, DSHS has experienced some fundamental shifts in how services are accessed and how services are delivered.

- Employees and their workstations are becoming more mobile and less tied to a worksite.

- Call centers and interactive voice response systems are more commonplace.

- The department continues to explore opportunities to reduce the use of paper files and move to the use of digital storage.

- The volume of virulent cyber attacks has increased resulting in heightened vigilance in the area of IT security.

- Decreasing fiscal and staff resources have increased interest in finding technology solutions at the enterprise level when practical.

These changes require expansion of the agency's technology infrastructure and often result in expansion of program area service offerings. Balancing the need for proactive implementation of new service offerings while maintaining excellence in existing service offerings is an ongoing challenge.

DSHS continues to build its Enterprise Architecture program. This program provides a framework for decision-making on technology and technology related business issues.

Chapter 3 ● Goals, Objectives, Strategies, Activities, and Performance Measures

POG: IMPROVE THE ABILITY OF STATE GOVERNMENT TO ACHIEVE RESULTS EFFICIENTLY AND EFFECTIVELY

DSHS Goal A: Reinforce strong management to increase public trust

Objective 1: Enhance and sustain information technology across the department to meet changing needs and capacity requirements

Strategies:

- Maintain/update core systems to meet evolving needs and take advantage of changes in technology
- Continuous planning and upgrades to increase the capacity, security and availability of network and systems in order to meet current and future planned business needs
- Assess opportunities for enterprise solutions when common business needs are identified

Activities:

- Fully implement ProviderOne
- Fully implement the new HRMS, decommission or modify existing shadow systems and build capacity as needed
- Upgrade the DSHS e-mail system to Exchange 2003. (Measure: Number of users migrated to Exchange 2003)
- Upgrade the DSHS remote access infrastructure (migrate to Citrix) (Measure: Number of users migrated to Citrix; Customer satisfaction)
- Upgrade WAN equipment (Measure: Number of network equipment upgrades; Number of outages avoided)
- Upgrade WAN transport (Measure: Number of sites upgraded; Site average response time)
- Plan and complete upgrades to the DSHS network infrastructure to meet current and future business needs
- Timely application of security patches (Measure: % of patch updates completed within timeframes required by policy; number of infected computers)
- Redesign the DSHS Internet portal
- Transition applications to the MS 2003-based Enterprise Application Infrastructure hosting environment as appropriate
- Evaluate an enterprise automated password reset solution
- Implement network monitoring tools
- Implement secure wireless standards to meet business needs

- Implement a comprehensive disaster recovery plan based on continuity planning
- Evaluate single sign-on
- Implement a Web based meeting solution
- Pursue an IT training strategy for enterprise solutions
- Evaluate an agency imaging strategy
- Evaluate an agency managed print services strategy
- Evaluate an agency strategy for legally sufficient electronic signature/transaction solution
- Continually plan for Communication Room upgrades
- Transition services to the Web as appropriate
- Evaluate a single transaction card for client services
- Manage SSPS closure activities
- Evaluate convergence of data and voice technology and the use of these technologies
- Promote client self-service solutions
- Support the Governor's strategy on electronic medical records
- Expand technology support for background checks
- Accommodate public access to public information as appropriate (services, eligibility, performance, public disclosure, etc.)

Objective 2: Manage information technology in DSHS using sound project management and quality improvement practices

Strategies:

- Promote use of statewide policies and procedures impacting IT projects or other IT activities
- Share best practice information
- Support streamlining of business processes prior to application of technology
- Strengthen relationship with policy, program and operations staff during the lifecycle of a project or initiative, beginning with the planning phase

Activities:

- Based on new Information Services Board policies and standards, document IT policies and standards for use in DSHS
- Continue training for IT policies, standards & best practice
- Promote the use of sound project management practices, including the use of the Project Management Framework where appropriate
- Successfully manage IT Projects (Measure: Project schedule, budget and scope variance for Level 2 & 3 projects; % of key project planning documents accepted
- Implement the Quality Management Framework
- Assess case management commonality in the department
- Evaluate an agency document sharing strategy

Objective 3: Continue the Enterprise Architecture Program to support decision-making

Strategies:

- Establish principles and supporting models to guide decision-making
- Establish IT related standards for the enterprise
- Work with new and ongoing projects to build and refine architecture components
- Work with the statewide Enterprise Architecture program to define statewide principles and refine supporting models which will impact DSHS activities
- Promote and support the use of the Enterprise Architecture process in administrations

Activities:

- Develop new principles as needed for the DSHS Enterprise Architecture Framework – this includes overarching principles and specific principles for Data, Process and Technology
- Develop and enhance Enterprise Process, Data, and Technology Models as needed to support decision making; establish information system boundaries using the model
- Use the Enterprise Architecture Framework on all risk Level 2 and 3 projects. Refine the framework with project deliverables
- Participate in statewide Enterprise Architecture initiatives/committees to ensure that the department's business needs are supported by any principle, model or project deliverable produced by initiatives/committees
- Increase the utilization of Enterprise Architecture in IT planning activities

DSHS Goal B: Strengthen data-driven decision making

Objective 1: Enhance data and analysis capacity to manage budget, caseloads and programs

Strategies:

- Improve access to management information
- Standardize data to enable data integration and analysis
- Improve ability to use shared information to make decisions

Activities:

- Develop data models and data standards for shared client and provider data.
- Evaluate an enterprise business intelligence strategy that addresses use of disparate, aggregate data
- Streamline & automate the collection of infrastructure inventory information for the agency IT Portfolio

Chapter 4 ● Performance Assessment

GOVERNMENT MANAGEMENT ACCOUNTABILITY AND PERFORMANCE

DSHS Enterprise IT currently reports on performance measures for GMAP in the areas of Security Patch Management, DSHS Website Maintenance, System Availability and Project Management for Level 2 & 3 projects.

Security Patch Management

DSHS divisions are required to apply security patches on a monthly basis. Critical patches must be applied within six business days and Intermediate patches within twenty business days.

DSHS has shown a dramatic improvement in security patch application with the department patching 98% of all systems within the target timeframes for the past six months (October 2005 – March 2006). The timely application of patches has resulted in a low infection rate for the department.

DSHS Website Maintenance

A goal of the department is to have a usable and easy to navigate public Website. In May, DSHS began tracking measures of Website maintenance in the areas of orphaned files, broken links and problems reported by the public. In the coming months, DSHS IT staff will resolve issues identified by these measures in order to prepare for a project that will redesign the DSHS Internet site.

System Availability

Maintaining mission critical systems is a priority for the department. DSHS tracked the availability of its 25 mission critical systems from September 2005 through March 2006. During this period of time, all critical systems met or exceeded the department's 98% availability target with the exception of two instances which were only .1% and .3% off target for one month.

Project Management

The department tracks the management of Level 2 & 3 projects in the areas of scope, schedule, budget, funding, and project management documentation. Such tracking allows the department to identify and mitigate project stresses.

Seven projects are currently included in this performance measure. All projects are currently being actively managed and risks associated with them are being mitigated.

Appendix 4 ● Institutional Facility Plan

A STRATEGIC OVERVIEW

Our Mission

The mission of the Lands and Buildings Division is to meet the unique needs of the DSHS clients and staff by ensuring safe and secure facilities in which to live, receive treatment and services, and work.

Our Challenge

The department provides a variety of services through five residential health care facilities for persons with developmental disabilities, four secure juvenile rehabilitation centers, six community treatment centers for juvenile rehabilitation, three mental health hospitals, fourteen community mental health residential support networks, and three secure facilities for the residential treatment of sexually violent predators. Each of our facilities and institutions provides special challenges as we work to maintain and preserve our facility assets.

Our institutions are not only facilities for training, rehabilitation and treatment; they are home to thousands of people who cannot live independently in the population-at-large. Many of these people are abusive, angry and aggressive. Their destructive behaviors cause great wear-and-tear on the facilities they occupy. Angry youth and mentally ill adults often act-out their frustrations by damaging their surroundings.

The department's mission is to train, rehabilitate and provide treatment for our residents. That care is most successful in facilities with a normalized, residential atmosphere. However, most of our facilities require some level of security and containment. Our challenge is to provide facilities that are "soft" enough to enhance program goals and yet "hard" enough to resist abuse and maintain security – and to maintain these facilities with limited resources. Because of our challenging environment, our institutions' maintenance and preservation requirements exceed those of a typical nursing care facility, hospital or dormitory.

Thirty percent of the DSHS buildings are more than 30 years old and many of these buildings are in desperate need of major repairs or replacement. Another dozen buildings are abandoned and need to be demolished. Additionally, because of a lack of financial resources, many of our newer buildings are not receiving the scheduled maintenance necessary to prevent premature failure. Two funding sources are available for facility preservation - capital budget appropriations and the maintenance portion of each institution's operating budget.

Our Objective

Our objective is to work closely with the institutions and divisions to meet program needs while also reducing, and eventually eliminating, the premature failure of our buildings systems, campus structures and campus utility systems. By doing so, we can realize more value from every maintenance dollar.

Key Success Factors

Factors key to our success in fulfilling our mission include:

- Increased capital project funding as presented in the DSHS capital budget request
- Strong support from DSHS and OFM senior management for the Capital Project Management and Maintenance Backlog Reduction Plans
- Cooperation from each DSHS facility and institution to increase their attention and commitment to preventative maintenance
- Development of successful methods and processes to focus preservation project funding on the highest facility preservation needs
- Development of successful methods and processes to increase our capacity for omnibus capital preservation projects from $7 million to $20 million in the 2007-2009 biennium and beyond

CUSTOMER-FOCUSED INSTITUTIONAL FACILITY PLANNING

Division of Developmental Disabilities

Program Discussion

The Division of Developmental Disabilities (DDD) provides a broad range of services and support to more than 30,000 eligible clients. Of these enrolled clients, about 29,000 are served in the community with the remaining clients living in one of five Residential Habilitation Centers (RHCs) operated by DSHS.

The RHCs are 24-hour facilities certified as either Intermediate Care Facilities for the Mentally Retarded (ICF/MR) or Nursing Facilities (NF). The ICF/MR facilities offer habilitation services, intensive nursing, therapy services and work-related assistance. The NF facilities provide an extensive array of services for persons requiring daily nursing care. All of these facilities are inspected by state and federal survey teams to certify institutional compliance with strict federal standards so that critical federal reimbursement can be obtained.

Future Challenges

With a declining institutional census, it will be advisable for the department to undertake a long-range planning effort to look at RHC census projections and the clients' changing needs. This information can then be compared to the facilities available in the current RHCs to determine to what extent each facility will be able to accommodate the needs of our clients and our programs into the future. An informed discussion can then take place regarding which facilities are best suited to meet the long-term needs of our clients. If a facility has deficiencies in meeting these future needs, capital projects will be included in the DSHS Ten Year Capital Plan to address these needs.

Many of the capital projects for DDD requested in the 2005 and 2006 legislative sessions have not been funded, especially on the Fircrest School and Rainier School campuses. It is possible that essential DDD campus improvements will not be funded in future legislative sessions until a decision has been made regarding the long-term plans for the RHCs.

If an RHC is to be closed, a capital plan needs to be developed for a systematic and managed approach to address the immediate maintenance and capital needs, respond to emergency building or utility issues, and close down or mothball vacated buildings.

If a campus is expected to see a census increase caused by the closure of another facility, a plan must be developed to prepare available residential and support space that must be brought back into service.

The capital plan for the remaining RHCs must emphasize preservation and repair of aging buildings and campus infrastructure, particularly life/safety upgrades, as well as the demolition and removal of buildings that are dangerous and have aged beyond their useful lives.

Residential living units throughout the system require renovation and remodeling to upgrade worn-out interior finishes, comply with current codes for health and safety and meet evolving program requirements. Buildings supporting the campus programs also require attention to stay current with today's code and program requirements.

Infrastructure and utility systems on many campuses have aged far beyond their useful lives and major repairs, replacement or completely new service delivery mechanisms are required.

Juvenile Rehabilitation Administration

Program Discussion

The mission of the Juvenile Rehabilitation Administration (JRA) is to protect the public; hold juvenile offenders accountable for their crimes; and reduce criminal behavior through a continuum of preventive, rehabilitative and transitional programs. This is achieved in both residential and supervisory programs for juvenile offenders, which hold offenders accountable for their behavior in residential and community settings.

JRA's Strategic Plan includes the following goals:

- Improve health care quality and access
- Improve treatment for mental illness and chemical dependency
- Improve children's safety and well being
- Improve long tem care
- Increase employment and self-sufficiency
- Use effective treatment to enhance outcomes
- Reinforce strong management to increase public trust
- Value and develop employees and improve internal and external partnerships

To support these goals, JRA has developed the following Capital Program strategies:

- Enhance residential treatment services through the renovation of old and unsafe buildings such as the Intensive Management Unit at Green Hill School and the cottages at Echo Glen Children's Center.

- Maintain National Commission for Correctional Health Care accreditation at existing facilities and strive to make recommended upgrades. Requested projects include renovations at the Health and Essential Services Building at the Maple Lane School and the replacement of the Administration/Health Center Building at Green Hill School.

- Improve the continuum of care by developing more rehabilitative services, such as those offered in the Recreation Buildings at both the Maple Lane School and the Green Hill Training School.

- Plan for specialized treatment programs and continue to enhance operations to allow for the timely and orderly development of secure institutions to assure public, staff and resident safety. Examples include the design for a new Family Focus Building at Maple Lane School and Green Hill School and new Acute Mental Health Treatment Units at Maple Lane School and Echo Glen Children's Center.

While the state owns and operates six community residential and treatment facilities, an additional number of residential community-based programs are delivered by private group care contractors in leased facilities. The state operated community programs are not only charged with main-streaming youths at the end of their commitments, but have become increasingly involved with specific treatment efforts, such as the certified drug and alcohol programs offered at the Parke Creek Community Facility and the Canyon View Community Facility.

Future Challenges

JRA's biggest challenge is to address program and facility issues proactively to avoid potential program and legal problems. Capital appropriations in the past four biennia have upgraded existing facilities or constructed new buildings. However, questions about population projections and ongoing operations continue to be an issue.

JRA's institutional programs are critical to its successful operation. The largest proportion of the JRA population continues to reside in secure facilities. In the last ten years, the complexity of residents has presented new challenges to maintaining safety for residents, staff and the public.

The older, more violent offenders are commonly processed through the adult system and the minor offenders are retained in the local jurisdictions. The offenders that are committed to JRA now have more serious behavioral issues. Approximately sixty-five percent of the residents have mental health problems and a large percentage of these have co-occurring, tri-occurring or quad-occurring disorders.

Effectively managing this changing population requires a continuing commitment to maintaining and upgrading existing facilities, as well as effectively planning for specialized treatment needs and long-term growth.

JRA operates four institutions that provide medium and maximum security housing for youth committed to the department by county courts. The three largest facilities, Echo Glen Children's Center, Green Hill School and Maple Lane School have operated at less than their rated capacity during the 2004-2005 period. One other institution, Naselle Youth Camp, is a forestry camp that works in conjunction with the Department of Natural Resources.

JRA's master program and facility plans were completed in June 2004 and updated in 2005. The plan provides options for the direction of future use and development of the state's JRA facilities. The additional rehabilitation (step-down programs) that can be accomplished in the single camp program is particularly critical to youths that need a little more structure than would be available in the community. The ability to work with this type of youth longer in a structured residential environment will truly help to provide a greater continuum of care and reduce repetitive criminal behavior.

Many of the buildings and infrastructure systems in the JRA inventory are beyond their useful life and need to be renovated or replaced. Programs for residents have also changed to meet the needs of a more serious offender and have become very staff intensive on some campuses. A balance must be struck between the staff efficiencies possible with the larger residential buildings and the more successful intensive treatment models that rely on smaller group sizes.

Mental Health Division

Program Discussion

The Mental Health Division (MHD) administers an integrated mental health system promoting client recovery while ensuring the safety of both the individual and the community. The MHD mission is to ensure that people of all ages experiencing mental illness can better manage their illness; achieve their personal goals; and live, work and participate in their community.

The mental health system serves clients in community settings and state owned and operated hospitals. The community mental health system operates under a managed care model. Fourteen Regional Support Networks (RSNs) provide inpatient and outpatient services to approximately 131,000 Medicaid and non-Medicaid eligible clients. Three psychiatric hospitals - Eastern State Hospital, Western State Hospital and the Child Study and Treatment Center - operate as clinical centers for the most complex public mental health consumers as mandated by the Mental Health Reform Act of 1989 (SB 5400).

Nearly three quarters of the state hospital patients are admitted pursuant to a civil court order as per RCW 71.05. Civil commitment orders are issued by a local superior court from a petition by county designated mental health professionals. One-quarter of the hospital population is committed under criminal processes as per RCW 10.77.

The 2007-2009 goals of the MHD's Strategic Plan and related MHD Capital Administration strategies include the promotion of services delivered in community settings and the establishment of the appropriate use and capacity of state psychiatric hospitals.

Future Challenges

The Mental Health Division faces several key challenges that will have impacts upon institutional facilities in the years ahead:

- Achieve the promise to transform mental health care in America.

  In 2002, President Bush announced the creation of the New Freedom Commission on

Mental Health. In 2005, Governor Christine Gregoire announced Washington State's "Partnerships for Recovery," our plan for meeting the President's New Freedom commission challenge. Washington State was subsequently one of only eight states awarded federal funding for this effort. In announcing the plan, the Governor stated:

> "It is our vision that all people in the State of Washington who experience mental health challenges will lead happy, productive and fulfilling lives, free of stigma, in a safe and least restrictive environment. The transformation of mental health services in Washington State's "Partnerships for Recovery" will fundamentally change the way mental health care is provided and the way mental illness is perceived. State and local government will be accountable to consumers and families for cultural competence and service outcomes. The new mental health system will be consumer-driven; mental health will be understood as an essential element of overall health, and as a condition from which people can and do recover."

- Open new wards to accommodate patients coming to the state hospitals because of the Pierce County lawsuit.

  A Superior Court ruling on the Pierce County lawsuit in September 2005 significantly increases the State's challenges to manage state hospital beds utilized by the Regional Support Network effectively. Based on this ruling, the state is responsible for all long-term (90-day/180-day) commitments. Other RSNs have requested similar treatment or they have threatened similar lawsuits.

  It is anticipated that Western State Hospital will need to open three wards prior to June 2007. Some of the ward space identified is currently being used for administrative purposes; those functions will need to be relocated elsewhere on the campus.

  Eastern State Hospital will need to open one ward before June 2007. There may be other potential ramifications statewide.

- Continue to evolve toward a rehabilitation model.

  SB 5400 requires state hospitals to continue to evolve toward a rehabilitation model as distinct from a medical model of treatment. New lines of psychotropic medications have enabled large numbers of patients to be discharged from the hospital and to participate more fully in therapeutic activities while in the hospital. The fundamental importance of access to various levels of indoor and outdoor activity - recreational, pre-vocational and vocational - is becoming increasingly more apparent in the speed of recovery and the permanence of improvement of hospitalized patients.

- Provide an adequate forensic services capacity.

  We see an increasing demand for forensic beds at both Eastern State Hospital and Western State Hospital.

  Currently, the Child Study and Treatment Center has no dedicated forensic beds because the courts allow outpatient evaluations for children. If CSTC is ordered to accept forensic admissions, it will be a difficult to accommodate. This would be even more difficult if there is reduced capacity in community beds. The Fairfax Hospital has notified us that they may cease accepting these younger patients.

- Provide adequate community hospital bed capacity.

  Until 2005, the MHD was under a legislative mandate to reduce permanent bed capacity in the state hospital system. The number of community psychiatric hospital beds has also declined, reducing local resources for diverting state hospital commitments.

  MHD will continue its expansion of community services project and focus on the development of more community residential resources. MHD will also invest in services that focus on persons with high needs to keep them in the community and divert them from hospital placements.

- State hospitals must serve those patients considered too dangerous for community-based services.

  SB 5400 also requires the state hospitals to serve the most complicated long-term care patients. Persons receiving care at these facilities show an increasing acuity due to physical and psychiatric impairments. This requires a higher staff to patient ratio, higher square footage space needs and increased space for on-site rehabilitation services.

- Ensure the availability of psychiatric in-patient beds for children & adolescents.

  Although it is difficult to assess at this time, there are potentially two concerns we have as it relates to children's in-patient services:

  - The Pierce County Lawsuit
  - Fairfax Hospital's pending decision to not accept children and adolescent patients court ordered through the Involuntary Treatment Act (ITA)

  If the Pierce Lawsuit was extended to children and adolescents it would force the CSTC to take all patients committed for 180 days. CSTC does not have the capacity to accommodate that need. Currently, the Children's Long-term Inpatient Program (CLIP) maintains a two-month waiting list. Approximately 25 children and adolescents are on the waiting list; most are ITA status.

  If Fairfax Hospital discontinues accepting ITA patients, those children and adolescents would be referred to CSTC and the hospital would not have the capacity to meet the court ordered placements.

- Establish, preserve and renovate mental health facilities.

  In the 2005-2007 biennium, the MHD initiated a program to support RSN community based care facilities. Projects ranged from significant funding for new evaluation and treatment facilities to preservation of existing building systems. We expect to continue this program through the 2007-2009 biennium to assist in the establishment of new, or the preservation of existing, community mental health residential facilities.

  The state hospitals are also a key component of the state mental health system. Preserving these assets, renovating them for current use or re-fitting them for evolving needs is a significant part of the program's capital administration.

- Ensure the effective and efficient provision of ancillary or support services at the state hospitals.

It is important to ensure that the dietary, pharmacy, central supply, commissary, clinical support, laundry and plant maintenance facilities at the state hospitals are upgraded where we have obsolete or inadequate buildings. We must have facilities that allow for efficient, effective and safe operations.

- Meet federal, state and county standards in an environment of changing clients and shifting funding.

As the state hospitals make changes in accordance with statewide program needs, mental health care managers must continue their work to ensure that state hospital practices comply with federal requirements and Joint Commission on Accreditation of Hospitals Organization (JCAHO) standards. Compliance is required to maintain the federal portion of the hospitals' funding support and third party insurance.

Federally mandated clinical and facility surveys consider over-crowding to seriously deteriorate quality of care and to be a basis for a deficiency finding that could have a significant impact on the availability of federal funds.

Special Commitment Center

Program Discussion

The Special Commitment Center (SCC) provides a specialized mental health treatment program for sex offenders who have been civilly committed under chapter 71.09 RCW. The mission of SCC is to provide comprehensive, individual treatment to each resident referred by the courts in a constitutionally sound environment that protects the safety and welfare of the public, staff and residents.

The King County Secure Community Transition Facility (SCTF) was occupied in early 2006. This leased facility, currently ready for six SCC residents, was constructed to allow for a second phase of remodeling accommodating an additional six residents. This facility joins an existing SCTF on McNeil Island that can potentially house up to 24 residents. These facilities serve to provide less restrictive alternative residential living arrangements for SCC residents on court-ordered conditional release from total confinement.

The SCC took occupancy of a new constructed total confinement facility on McNeil Island in the spring of 2004. The facility has an operational capacity of 299 beds - including 80 beds in a newly remodeled facility that was vacated by the Department of Corrections (DOC).

The SCC will be making minor upgrades in its kitchen and dining hall, including asbestos abatement and new fire sprinklers, through June 2007. Additional work is underway in another former DOC building now occupied by the SCC to replace steam lines.

Additionally, the SCC has leased additional office space in the Town of Steilacoom. The space is expected to be available in the spring of 2006.

Future Challenges

The SCC continues to face major capital facility challenges in the years ahead. There is a need to focus on the following priorities:

- The SCC total confinement facility has been built in phases to expedite construction and maximize available construction funding. Based on an analysis of admission trends, it was projected that the SCC would require an additional construction phase to accommodate the numbers of anticipated court referrals.

- Planners presumed that the design effort for expanded capacity would be authorized in the 2006 Supplemental Capital Budget with construction funding to follow in the 2007-2009 biennium. However, funding for the design effort was not funded in the supplemental budget. Demonstrating the need for additional capacity and securing capital funding from the legislature is the highest capital priority for the SCC.

- The old DOC "North Complex" site that the SCC facility now occupies is supplied by antiquated and insufficient utilities. These include:

  o An electrical distribution system served by high line wires that are inadequate for current loads and frequently fail during high winds and inclement weather
  o A sewer system that does not meet Department of Health, Ecology and Wildlife standards and would cause serious environmental damage if it fails

- The SCC is contractually liable for assisting in the maintenance of the roads that serve SCC. The existing roads were not constructed to withstand the numbers and sizes of the busses and other vehicles required by SCC operations. The transportation of staff to and from SCC has contributed to road damage on the island.

- The SCC currently lacks sufficient warehouse space.

- The SCC is in need of a modernized dining facility that can accommodate increased census and meet health and safety standards. The SCC must begin a sustained effort to quantify and document the need for a new facility that is ADA compliant, utilizes modern cooking methodologies and is situated nearer to the residential facility allowing for easier access and service delivery.

- The SCC relies on two boilers for domestic hot water and space heating. One 300 hp boiler is backed up by a 125 hp boiler, but the smaller boiler alone cannot meet the demands of the facility. When annual maintenance or mechanical problems take the larger boiler out of service, it is impossible to provide the space heating, domestic hot water and steam power required to operate the facility.

  The SCC planned to add an additional boiler to its steam system when the 96 beds expansion began. The lack of supplemental funding has delayed this project. The boiler project needs to move forward independent of the proposed expansion project.

- The SCC must continue to monitor the need to site additional SCTFs. Although state law provides the option for DSHS to site SCTFs in other counties, the number of SCTF beds we need in the future will hinge on the number of residents who receive court-ordered conditional release to less restrictive alternatives.

Appendix 5 ● DSHS Indian Policy Plan

EXECUTIVE SUMMARY

To ensure quality and comprehensive DSHS service delivery to all American Indians and Alaska Natives in Washington State, the Office of Indian Policy and Support Services (IPSS) is responsible for coordinating efforts to address the collective needs of Tribal Governments and Recognized American Indian Organizations.

The DSHS Administrative Policy 7.01 directs each administration of DSHS to work in consultation with the Federally Recognized Tribes and the Recognized American Indian Organizations in the development of a biennial service plan that is to be regional and headquarters specific.

The Federally Recognized Tribes (Tribes) exercises their sovereign governmental authority and the Recognized American Indian Organizations (RAIO's) exercise their rights as Indians and citizens of the United States of America and state of Washington.

The Indian Policy Advisory Committee (IPAC) was established to guide the Secretary for the Department of Social and Health Services with the implementation of the Centennial Accord and Administrative Policy 7.01 (American Indian Policy). The IPAC does not speak on behalf of sovereign Tribal Governments or circumvent the sovereign authority of Tribal Governments. IPSS continues to provide administrative support for IPAC in ongoing communications through its quarterly meetings.

The purpose of the DSHS Administrative Policy 7.01 Plan is to help identify fiscal needs and/or possible administrative or legislative changes that would improve the quality and comprehensive DSHS service deliver to all American Indians and Alaska Natives. Administrative Policy 7.01 status reports are submitted in the middle of each biennium by each administration of DSHS. This policy has been recently revised in order to address the need for enhancing the ongoing statewide efforts between the department and the Tribes and RAIO's.

The Office of Indian Policy and Support Services (IPSS) will continue to address related issues through regular participation at the DSHS Executive Leadership Team (ELT) meetings. In addition, there will be quarterly management meetings between IPSS and each administration, bi-monthly meetings with all DSHS Tribal Liaisons, and semi-annual meeting with Indian Policy Advisory Committee and the Assistant Secretaries. Each Assistant Secretary will establish performance measures for their staff and they will monitor the progress of the work they will be doing with the Tribes of Washington State. The Office of Indian Policy and Support Services will provide quarterly GMAP reports on progress of DSHS staff meeting the GMAP measures of the Secretary.

MISSION

The Office of Indian Policy and Support Services' (IPSS) role is to assist with meeting the collective needs of the Department, Tribal Governments, and Recognized American Indian Organizations deliver quality and comprehensive DSHS services to American Indians and Alaska Natives in Washington State.

INDIAN POLICY AND SUPPORT SERVICES CONTRIBUTIONS

▪ Broad organizational knowledge: Ability to provide Tribes, RAIOs, and Indian people with access to DSHS services: We have the ability to make the right calls and help tribes and Indian people to get access to DSHS services. We want to be charitable without the expectation of reciprocation.

▪ Communication skills: Ability to create ongoing, new and better relationships: We provide communication channels, bring people together to work on issues and resolve problems.

▪ Sense of accomplishment: We have a sense of accomplishment when we reach an outcome or achieve better working relationships. We let the agency hear us when we have Tribal issues. Sometimes the Tribes compliment us, which re-energizes and motivates us to continue.

▪ Change agent: We feel good when changes occur because we made a difference. We help DSHS managers to recognize the needs of Tribes. We speak up for the Tribes in the management meetings.

▪ Honoring tradition: We honor our personal and traditional values by going to work and value the jobs and things we do for the Department, Tribes, RAIOs, and American Indians.

▪ Respect and support: We value the respect from DSHS, Tribes and peers. We appreciate support of coworkers for the benefit of the Department, Tribes, RAIOs, and American Indians.

DESIRABLE OUTCOMES

▪ DSHS will consult with Tribes on a regular basis and make Administrative Policy 7.01 a living and working document. DSHS will include Tribes in the budget proposal when initiating new programs. Consultation will take place in the true sense of government-to government relationship. DSHS will allow for Tribes and RAIO's to be more involved in early decision-making stage regarding Indian issues and service delivery.

▪ DSHS will provide support for changes in federal program regulation and policy for the purpose of providing federal funding for Tribes, along with support for changes in state policy and procedures to implement programs managed by Tribes.

▪ DSHS Executive Management Team (ELT) and all of their staff will fully support the Centennial Accord and Policy 7.01. The ELT members will direct Regional Administrators to include IPSS and Tribes in all programs and service planning. IPSS will be recognized as part of the management team. Divisions will recognize that the Administrative Policy 7.01 plan is a valuable tool, and making sure it becomes a living document rather than just a report.

▪ All divisions will have better overall understanding of government-to-government relationship. DSHS staff will be able to change and overcome the agency's negative stereotype of Indian clients and recipients. DSHS staff will understand IPSS' role as

a resource, the importance of Treaties, and the government-to-government relationship. State and Tribes will have the opportunity to work together as equal partners without divisions.

- Tribes and tribal members will have equal access to all services of DSHS programs. Tribes and Indian people will be heard and respected by the agency staff. Have one AAG be assigned to IPSS, preferably a Native American, who is knowledgeable about Indian laws.

GOALS

- Open Communication: IPSS has access to all program information; a system in place for programs to share information with IPSS; clear and open communication; all DSHS divisions to utilize Common Tribal Identification Computer Codes.

- Utilization of Technology to Fullest: DSHS has access to significant federal, state, tribal, and other Indian policy information through the Internet; make teleconferencing available to Tribes; Tribes have access to all DSHS information through the Internet; all DSHS Administrative Policy 7.01 plans are posted on the Internet; state data systems are available to the Tribes. Development and maintaining of an IPSS Website. Development of appropriate materials for distribution in various media.

- Collaboration of Development: Tribal programs and agency staff will have grown to the point of working together on their own; real seamless services.

- Training and Education: Management and staff should understand their accountability for compliance; each employee should have attended Administrative Policy 7.01 training, and government-to-government training from the Governor's Office Indian Affairs.

INDIAN POLICY ADVISORY COMMITTEE

Mission

The Federally Recognized Tribes (Tribes) exercises their sovereign governmental authority, and Recognized American Indian Organizations (RAIO's) exercises their rights as Indians and citizens of the United States of America and state of Washington. The Indian Policy Advisory Committee (IPAC) is established to guide the Secretary of DSHS for the implementation of the Centennial Accord, and Administrative Policy 7.01. The IPAC does not speak on behalf of sovereign Tribal Governments or circumvent the sovereign authority of Tribal Governments.

Goals

- Improve tribal attendance to the quarterly IPAC meetings by delegates from all Tribes and RAIO.

- Enhance participation of the Assistant Secretaries with IPAC. Extend semi-annual invitations for presentation time during the quarterly meetings.

- Formalize the understanding of "Meaningful Consultation" in collaboration with the Department. Implement a true collaborative process of budget development and budget decisions among the tribes and RAIOs through their IPAC delegates prior to budget implementation. The DSHS Secretary's ELT and staff will develop a collective responsibility of all DSHS programs in support of the IPAC mission.

- Continue with tracking of issues in each of the IPAC sub-committee with the utilization of the IPAC matrixes. Distribute these among the DSHS Administrations and Tribes on an ongoing basis. Emphasize the matrix as a tool to identify and track issues and solutions to problems jointly effecting tribal and state programs. Have priorities reviewed annually from each sub-committee by the full IPAC.

- Build collaborative and collegial approach to policy development and implementation that reflects a true government to government process and encourages a collective approach to the legislative process.

- Promote and continue positive avenues of effective communications between the tribes, state and other tribal entities and organizations surrounding service issues, data, and other circumstances impacting American Indians.

- Develop a mechanism of communication and reporting with related Tribal organizations and RAIOs in the Regions. Formal resolutions to be advanced to the American Indian Health Commission, Northwest Portland Indian Health Board, Affiliated Tribes of Northwest Indians, etc.

- Explore the development of a fund distribution workgroup to provide options for resource distribution. Encourage the expansion of contract consolidation opportunities with the Department.

- Schedule presentation for IPAC from the administration on an annual basis.

This document is also available
electronically at:
www1.dshs.wa.gov/strategic

Persons with disabilities may request
a hard copy by contacting DSHS at:
360.902.7800, or TTY: 800.422.7930.

Questions about the strategic planning
process may be directed to DSHS
Constituent Services at:
1.800.737.0617.

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